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BOROUGH OF STOCKTON-ON-TEES



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
AND REPORT ON THE
SCHOOL HEALTH SERVICE
1954

HENRY J. PETERS, M.B., B.S., B.Hy., D.P.H., D.P.A.
MEDICAL OFFICER OF HEALTH

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SUMMARY OF STATISTICS FOR 1954

Area (Land and Inland Water)	6,084 acres	
Population (Registrar General's estimate at 30/6/54) ...	74,760	
Increase on 1953	520	
Natural increase (excess of births over deaths) ...	651	(1953)
Live births	1,473	1,431
Birth-rate	19.73	19.28
Still births	37	47
Still birth-rate (per 1,000 total births)	24.50	31.80
Deaths (all ages)	822	805
Death-rate	10.99	10.84
Infantile mortality (deaths under 1 year)	43	44
Infantile death-rate (per 1,000 live births)	29.19	30.74
Neo-natal deaths (under 1 month)	30	28
Neo-natal death-rate (per 1,000 live births)	20.36	19.56
Maternal deaths	Nil	2
Maternal death-rate	—	1.35
Deaths from Diarrhoea and Enteritis (under 2 years)	1	3
Death-rate from Diarrhoea and Enteritis (per 1,000 live births) ...	0.67	2.1
Deaths from Tuberculosis (Resp. 10; Other 3) ...	13	27
Tuberculosis death-rate	0.17	0.36
Tuberculosis notification-rate (per 1,000 population)	0.88	0.93
Cancer death-rate	1.92	1.77
Deaths from Heart and Circulatory Diseases	292	292
Deaths from Respiratory Diseases	72	87
Deaths from Vascular Lesions of Nervous System	95	90
Deaths from Violence	44	31

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BOROUGH OF STOCKTON-ON-TEES

MEMBERS OF THE TOWN COUNCIL AS AT 13th MAY, 1955

*†His Worship The Mayor (Councillor E. Wiseman).

*Alderman C. W. Allison, O.B.E., J.P.		*Councillor D. Evans	
„ H. C. Atkinson		„ T. Fewster	
„ C. R. Booth	†	„ R. T. Griffiths	
† „ N. E. Brown, M.M.	*†	„ R. Hannah	
† „ F. Glass, J.P.		„ K. W. Heslop	
* „ P. Horner		(Chairman, Health Committee)	
† „ M. M. Kelly	*†	„ Mrs. M. E. Jackson	
(Chairman, Building and Medical Service Sub-Committee)	*†	„ Mrs. M. Laverick	
	†	„ N. Laverick	
	*	„ L. R. Lewis	
† „ W. Lillystone		„ P. J. Milne	
† „ A. Ross, J.P.	†	„ F. G. Morris	
„ A. Smith	*	„ J. H. Mortimer	
„ F. E. Wiseman	*†	„ Mrs. M. Scott	
*Councillor C. V. Armitage	*	„ T. G. Slater	
* „ E. Brown		„ G. T. Smith	
„ J. P. Burke		„ R. T. Stainsby	
„ V. Clough		„ G. T. Wallis	
„ T. A. Crawford	†	„ F. T. Webster, M.B.E.	
„ R. E. Creasey	†	„ J. Whitfield	
* „ J. S. Darby	*†	„ Mrs. J. M. Youngson	
* „ Mrs. E. L. Davies, J.P.		„ R. D. M. Youngson,	

Co-opted Members:—

†Rev. Father F. M. Duffy	†Mr. N. Winn
†Mr. F. Richardson	†County Councillor Davis
†Mr. R. Stewart	†County Councillor Williams

*Members of Health Committee

†Members of Building and Medical Service Sub-Committee

The Health Committee deals with all general public health matters including slum clearance and work under sections 9, 10 and 11 of the Housing Act, 1936.

The Borough of Stockton-on-Tees is an Excepted District under the Education Act, 1944, and the Building and Medical Service Sub Committee deals with all matters affecting the School Health Service,

MEMBERS OF THE AREA HEALTH SUB-COMMITTEE

(Formed by the Durham County Council as a Sub-Committee of the County Health Committee to assist in the administration of the Part III Services under the National Health Service Act, 1946).

Members appointed by the Durham County Council—

County Councillor C. F. Thring	County Councillor G. Williams
County Councillor Mrs. E. Bennison	

Members appointed by the Town Council—

Councillor Mrs. E. L. Davies,	Councillor Mrs. M. Scott
J.P. (Chairman)	Councillor Mrs. M. E. Jackson
Alderman H. C. Atkinson	Councillor C. V. Armitage
Councillor K. W. Heslop	

Members Co-opted by the Durham County Council—

Mr. J. Mallaby, J.P.	Mrs. B. Fitzgerald
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STAFF

Medical Officer of Health, Borough School Medical Officer, Area Medical Officer (No. 12 Area, D.C.C.'s Scheme of Divisional Administration)—

Henry J. Peters, M.B., B.S., B.Hy., D.P.H., D.P.A.

Assistant Medical Officer of Health and Assistant School Medical Officer—

James Carroll, M.B., B.Ch., L.M., D.P.H., D.C.H.

Chief Sanitary Inspector—

*Ernest Varley

District Sanitary Inspectors—

*A. Kenyon

*C. H. Carr

*F. R. Allan

*C. B. Martin

(Resigned 31/1/54)

(Appointed March 1954)

*A. R. Metcalfe

*J. Smith

(Appointed March 1954)

*Cert. San. Ins. Jt. Board. Meat & Food Cert. R.S.I.

Chief Clerk—

H. Kipling, San.Ins.Cert.R.S.I.

Clerks—

W. E. Bell

Miss S. Prest

(Resigned 18/10/54)

J. A. Smith

Mrs. J. I. Prater

(Resigned 31/8/54)

Miss F. M. Bertram (D.C.C.)

Miss S. E. Lewis

(Appointed 8/11/54)

Rodent Operative—

R. Masters

(School Health Service)

School Medical Officer—

Maureen O'Gorman, L.R.C.P. and S.I.

School Dental Officers—

Frank R. Cadigan, L.D.S.

Mrs. E. M. F. Rideal, L.D.S. (Part-time) (Appointed 31/5/54)

Consultant Ophthalmic Surgeon (Part-time)—

A. E. P. Parker, M.B., B.S., F.R.C.S.

Consultant Nose, Throat and Ear Surgeon (Part-time)—

J. H. Appleton, M.B., Ch.B., D.L.O. (Appointed September, 1954)

Speech Therapist—

Miss Muriel Knight

Orthoptist—

Mrs. W. Martin

Psychiatrist (Part-time)—

D. J. Salfeld, M.D., B.Sc., D.P.M.

Educational Psychologist—

Miss M. F. Wylie, M.A., Ed.B.

Social Worker—

Miss H. A. Young, M.A. (Appointed 1/9/54)

School Nurses—

Mrs. K. Cahill, S.R.N., S.C.M.

Miss D. M. Johnson, S.R.N., S.C.M., H.V. (Retired 30/11/54)

Mrs. E. Minto, S.R.N., S.C.M.

Mrs. D. B. Morris, S.R.N.

Mrs. L. M. Stawski, S.R.N.

Mrs. E. Whitehead, S.R.N., S.C.M.

Miss N. Cattermole, S.R.N., S.C.M. (Appointed 1/12/54)

Dental Attendants—

Miss D. Whinfield

Miss J. Coffield (Appointed 24/5/54)

Clerks—

Miss J. Hall

Mrs. E. Williamson

Miss J. Fielding

Miss J. Rowland

**(Staff employed by the County Council for work in the No. 12 Area—
Stockton Borough)**

Health Visitors—

Mrs. C. Cameron

Mrs. E. A. Stubbs

Miss M. Shaw

Miss A. Houston

Miss A. M. Shaw

Miss F. M. Kirby

Domiciliary Midwives—

Miss J. Askey

Mrs. B. Paxton

Miss C. E. Blackburn

Miss L. S. Rayner

Miss C. A. Coulson

Miss S. D. Rickerby

Mrs. E. S. Hall

Mrs. F. Southall

Miss D. Lloyd

Miss V. Wain

Clerks—

Mrs. M. Munro

Mrs. E. Wood (Part-time)

Day Nurseries—

Lorne Terrace—Mrs. E. V. Miller, Matron

Norton Road—Mrs. M. Tamme, Matron

Durham Road—Miss O. Swift, Matron

Home Nurses—

Mrs. D. Culling

Mrs. E. M. Stephens

Mrs. M. Harrison

Miss D. Walker

Mrs. M. W. Hartwell

Mrs. E. Whittaker

Mrs. A. Greathead

Mrs. M. E. Wood

Mrs. E. M. Mackie

Miss E. Ward

Ambulance Service—

26 Driver Attendants are employed.

Domestic Help Service—

Miss M. Robson, Assistant County Organiser.

Health Department,
106 Yarm Lane,
Stockton-on-Tees,

To the Town Council of the Borough of Stockton-on-Tees
Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1954, which sets out in some detail the vital statistics of the Borough and indicates health trends during the year.

The Registrar General's estimate of the population of the Borough for 1954 was 74,760, an increase of 520 on last year's figure of 74,240. The number of births during 1954 exceeded the number of deaths by 651. The birth rate of 19·73 per 1,000 of the population remained at a comparatively high level during the year and was slightly more than the previous year's rate of 19·28. This is the crude birth rate and makes no allowance for the manner in which the age and sex distribution of the local population differs from that for England and Wales. When this allowance has been made the adjusted birth rate is 18·74 for 1954. This adjusted rate is comparable with the birth rate for England and Wales which was 15·2 in 1954.

The number of deaths in 1954 was 822, a slight increase on last year's figure of 805. The crude death rate for the Borough of 10·99 per 1,000 of the population is a fractional increase on last year's rate of 10·84. The adjusted death rate for the Borough for 1954 is 12·85 which is comparable with the rate of 11·3 for England and Wales for the same period. As is pointed out later in the report, for the first time on record, the deaths among females outnumbered those among males. This excess of female deaths is, however, only discernible among deaths occurring at the age of 70 years and over. It reaches its peak in the age group 80-89 years. The total number of deaths in this age group was 141 and 91 of them were among females.

It is pleasing to note that more than thirty per cent of the deaths occurred in the age group 70-79 years and that slightly more than half the total number of deaths occurred among those who had attained the age of 70 years or more. The number of deaths among males in the age group 40-59 years was 68, about one-third less than in the corresponding figure for 1953. Diseases of the heart and circulatory system again caused the greatest mortality. The number of deaths

attributed to these diseases in 1954 and 1953 was the same, namely, 292.

Cancer, the second greatest cause of mortality, was responsible for 144 deaths in 1954, twelve more than in the previous year and twenty-two more than in 1952. The number of deaths from cancer of the lung in 1954 is the highest since 1950 when this disease was first shown under a separate heading in the causes of death supplied by the Registrar General. In 1950, 1951, 1952, 1953 and 1954, the total number of deaths from cancer of the lung was respectively 14, 22, 17, 24 and 33. The number of deaths from lung cancer occurring in females in 1950, 1951, 1952, 1953 and 1954 was respectively 1, 8, 3, 1 and 11. It will be noted from these figures that in 1954 one-third of the deaths from cancer of the lung affected females and that the number of females dying from this disease was considerably greater than in previous years. In England and Wales the provisional number of deaths during 1954 attributed to cancer of the lung was 16,322. The number of deaths from this cause in 1934 was 2,775 and in 1944, 6,684.

In last year's Annual Report comment was made on the relationship between smoking and cancer of the lung. It was then remarked that the exact relationship between cancer of the lung, smoking and other factors, for example, atmospheric pollution had still to be determined. This is still the case. It was further remarked that it had not yet been proved that tobacco smoke contains a carcinogenic (cancer producing) agent. This is no longer true. Since the 1953 report was written a carcinogenic agent has been demonstrated in both the tobacco and paper of cigarettes. Experimental attempts to produce lung cancer in mice by tobacco smoke have so far failed. This failure has recently received some prominence in the lay press and has perhaps been a source of comfort to those smokers who up till now have found the news on this subject somewhat depressing. It is well to remember however that the failure, up to date, of this experiment by no means disposes of the problem of the relationship between smoking and lung cancer. This, as we have already remarked, has still to be elucidated.

Last year's report gave the advice that those who have never smoked, particularly young people, should think very carefully before embarking on a practice which has an undetermined relationship with cancer of the lung and that all who continue to smoke should avoid excessive smoking. A

local paper commenting on this advice admirably summarised it in the words, "If you've never smoked—don't". In my view the present state of our knowledge entirely justifies this advice. Towards the end of last year the American Public Health Association adopted a resolution urging people to stop smoking cigarettes in order to reduce the incidence of lung cancer.

It is pleasing to be able to record that there were no maternal deaths during 1954 and that the still birth rate per 1,000 live births fell from 31·80 in 1953 to 24·50 in 1954. The total number of deaths from violence increased from 31 in 1953 to 44 in 1954. There were 8 deaths from suicide during the year, three more than in the previous year. One infant death was due to overlaying. The practice of allowing an infant to sleep in bed with its parents is most dangerous and should always be avoided.

During 1954 the position regarding the prevalence in the Borough of the acute infectious diseases was satisfactory. The total number of corrected notifications of these diseases received in 1954 was 905 which is 300 less than the number received in 1953. No case of diphtheria occurred during the year and thus, for the second year in succession, the Borough has been entirely free of this dangerous disease. There was a considerable reduction in the incidence of whooping cough, the number of corrected notifications falling from 456 in 1953 to 61 in 1954. Notable reductions also occurred in the incidence of scarlet fever, pneumonia and acute meningitis. The number of corrected notifications of dysentery rose from 16 in 1953 to 47 in 1954 and of measles from 540 to 682. Apart from the deaths due to pneumonia these acute infections caused only one death in 1954. Acute meningitis was responsible for this death.

The absence of diphtheria from the Borough for the second year in succession demonstrated the great protective value of diphtheria immunisation. Continued freedom from the disease necessitates the co-operation of all parents by their taking the fullest advantage of the facilities for immunisation which are freely available either through the family doctor or the health department. Let us not forget that diphtheria when it does occur is highly dangerous not only to the individual affected but also to those among whom he lives. In the interests of their families and for the safety of the community, all parents should make certain their children receive the protection of immunisation against a

disease which, if contracted, may prove fatal. If parents co-operate in this manner they will guarantee our freedom from diphtheria in future years.

Later in the report there is a commentary on the Census which was taken in 1951. This Census is of considerable interest as the previous one was taken as long ago as 1931. During this period the population of the Borough has increased from 67,722 to 74,155. In the same period the population of the County with its associated county boroughs decreased from 1,486,175 to 1,463,868, a reduction of 22,307. It is noteworthy that whereas the population of the County decreased during the intercensal period 1931-1951, that of the Borough increased by nearly ten per cent.

One of the most striking population changes during the past 50 years is the increased proportion of elderly persons. Thus in 1951 8·8% of the population of the Borough were aged 65 years or over as compared with only 3·3% in 1901. The constitution of the population of England and Wales shows a similar change, 11% of the population being aged 65 years or over in 1951 as compared with 4·7% in 1901. This change in the age constitution of the population is related to a decreased birth rate and an increased expectation of life.

The expectation of life at birth is now 66 for males and 71 for females. The younger age groups in the population have received most benefit from the increased expectation of life. Thus a man aged 60 may now expect to live another 15 years. Fifty years ago a man of this age could expect to live another 13½ years. A woman aged 60 can now expect another 18 years. In 1901 a woman of this age could look forward to another 15 years.

The Census reveals that in Stockton the density of persons per acre in 1951 was 13·6 which is slightly larger than the corresponding figure of 13·1 for Darlington and considerably less than the corresponding figures for the other four large towns in the County. In 1954 the density of persons per acre in Stockton was 12·28 which takes into account the extension of the Borough boundary which was effected after the 1951 Census.

A household living at a density of more than two persons per room is regarded as overcrowded. There has been a remarkable reduction in the proportion of households in the Borough living at a density of more than two persons per room. The proportion of such households fell from 10·90%

in 1931 to 4·83% in 1951. In the County during the same period the proportion of overcrowded households fell from 20·29% to 5·49%. Of the six large towns in the County, Darlington with only 2·93% of its households overcrowded has the lowest incidence of overcrowding.

For the first time the Census includes information regarding the availability in households of piped water supply, cooking stove, kitchen sink, water closet and fixed bath. 7,089 of the 20,879 households in the Borough are without a fixed bath. 728 households are without a piped water supply and 993 without a kitchen sink. The definition of a piped water supply does not include a tap in the open yard.

In the Annual Report for 1953 the problem of atmospheric pollution was dealt with in some detail. The report of the Committee on Air Pollution, better known as the Beaver Report, which was presented to Parliament towards the end of last year is of the highest importance and will repay a careful study. Its very favourable reception by the press and the Clean Air Bill now before the House of Commons bear witness to the marked strengthening of public opinion in favour of adopting all practicable measures to overcome as soon as possible this menace to the nation's health. We are surely at the beginning of a new era in the struggle, pioneered for so many years by the National Smoke Abatement Society, to obtain a clean atmosphere. The London smog disaster of 1952 played a major part in the recent stirring of public opinion against atmospheric smoke. The word "smog" was first coined in 1904 by Des Voeux, a London doctor, who was then endeavouring to bring home to the medical profession and the general public the harmful effects of atmospheric smoke. Now, 50 years later, the matter is receiving the serious attention it deserves.

The report of the Beaver Committee shows that in Great Britain two million tons of smoke, over three-quarters of a million tons of grit and dust and more than five million tons of sulphur dioxide were discharged into the atmosphere in 1953. The discharge of such large quantities of these substances into the air we breathe cannot do otherwise than exert a harmful influence on the health of the community and, as the Report says, it is a social and economic evil which should no longer be tolerated. "There can," the Report declares, "be no doubt that the effect of air pollution on health is wholly bad, whether measured positively in

relation to growth, well being and joy of living, or more negatively in terms of death, disease and the economic loss which goes with incapacity to work." The Report emphasises that besides the harm it does to human health air pollution "is also a prodigal waste of human resources" and estimates that at present it is "costing the nation about £250,000,000 a year in terms only of losses that can be given a monetary value." This figure does not include the value of the fuel lost through incomplete combustion which probably amounts to between £25,000,000 and £50,000,000 a year. It is well worth bearing in mind that though expenditure on curing atmospheric pollution will be heavy it will only represent a fraction of the saving which will result from its cure. The Beaver Report cannot fail to convince those who read it that, in its own words, "the case for preventive action is overwhelming."

An old Persian saying declared that where the sun and air do not enter the physician enters often. Atmospheric pollution is not only harmful because of the direct effect of the pollutants but also because of the screening of sunlight and direct daylight for which it is responsible. The natural light of the most heavily polluted area of a city may in winter be less than half that of the outskirts. Such a city is needlessly deprived of the advantage of its due quota of sun and fresh air. Let us quickly do all that is possible to reduce atmospheric pollution to the lowest practicable level thus preserving the purity of the air and promoting the easy access of sunlight to our industrial areas. The steps taken to preserve the purity of the air we breathe should now match in scale those long since adopted to guarantee the purity of our food and water supplies.

During the last ten years 57,413 people in England and Wales have lost their lives as a result of accidents in the home. These accidents are responsible for a large number of deaths which, with a little care and knowledge, need never have occurred. Unfortunately, as figures given later in the report indicate, the number of deaths caused by them is increasing. They give rise to a considerable mortality among the younger sections of the community thus entailing an economic loss to the nation as well as loss of human life. Economic loss is also incurred by lost time from work, interference with physical capacity and the necessity of hospital treatment. It has been estimated that home accidents may be responsible for as many as two million

accidents requiring hospital treatment each year and the cost of their treatment in hospital during 1949 was estimated at £4—5 million. The mortality from these occurrences is considerably greater than that resulting from accidents on the roads. In 1953 the number of deaths registered in England and Wales from accidents in the home and resident institutions was 5,895 and from road accidents 4,493. During the years 1940 to 1949, 48,000 people died in the country from road accidents whereas in the same period over 60,000 died from home accidents. In the last resort, prevention rests on an adequately informed public exercising reasonable care—hence the fundamental importance of education as a preventive measure.

The Home Safety Advisory Committee continued its useful work during the year and details of its activities will be found later in the report. Its membership includes members of the Borough Council's Accident Prevention Committee and representatives of various voluntary organisations in the town. The Medical Officer of Health acts as Chairman and the Town Clerk as Secretary. Close co-operation is thus established between the Advisory Committee, the Accident Prevention Committee and the Health Department. Through the courtesy of Mr. J. Wilkinson, Secretary of the Stockton and Thornaby Hospital, I am able to submit to the Advisory Committee information relating to accidents in the home which have been dealt with at the hospital. The Advisory Committee also receives reports on deaths caused by home accidents. Representatives of the local press are invited to all meetings thus providing the opportunity for the creating of an informed public opinion. The chief objective of the Advisory Committee is the stimulation of public awareness of the part played by home accidents as a cause of avoidable death and injury.

There were 16 deaths from home accidents during 1954, four more than in 1953. For the prevention of these accidents the activities of the Home Safety Advisory Committee must be fully supported by the equally important activities of those members of the public health service whose duties give them frequent and ready access to the homes of the people. Health Visitors, Sanitary Inspectors, Domiciliary Midwives and Home Nurses by repeated verbal advice given in the houses they visit during the course of their duties can exert a vital influence in the prevention of accidents. This education, like all health education must be persevered with and those

health workers privileged to help families in their homes should never lose sight of its prime importance.

The year under review witnessed a considerable fall in the number of deaths from tuberculosis. There were 10 deaths from respiratory tuberculosis which is the lowest figure on record. In 1953 respiratory Tuberculosis caused 26 deaths. Information given later in the report shows that in 1954 the death rate per 1,000 of the population for respiratory tuberculosis was less than one-third of the average death rate for the five yearly period 1946 to 1950. The incidence of the disease has also fallen during recent years but not to the same extent as the death rate. The employment of antibiotics, the recent advances in chest surgery and the application of modern techniques for early diagnosis have brought about the sharp fall in the death rate. The dramatic success recently achieved in the treatment of the disease should not be allowed to obscure the fundamental importance of preventive measures in the control and eradication of tuberculosis.

The Milk (Special Designations) (Special Areas) Order, 1954, made by the Minister of Food by virtue of his powers under the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, came into force last year at the beginning of April. The effect of the Order is that all milk sold in an area which includes the Borough of Stockton must be designated milk, that is, it must be either pasteurised, tuberculin tested, tuberculin tested (pasteurised) or sterilised.

At the end of the report I have included information in respect of the services which were transferred to the County Council under the National Health Service Act of 1946. The Borough is an excepted district under the Education Act, 1944, and information is also included in this report on the work of the school health service during 1954.

In June, 1954, responsibility for the distribution of Welfare Foods was transferred from the Ministry of Food to Local Health Authorities. The County Council is now responsible for the distribution of these foods which may be obtained at any of the child welfare clinics and also at the Women's Voluntary Service Centre in Norton Road, where the members of this organisation distribute it. Mothers are strongly advised to take full advantage of the orange juice cod liver oil and vitamin A and D tablets available under the

Welfare Foods Scheme. These products provide vitamins which are essential for the adequate nutrition of nursing mothers, expectant mothers and young children. There is evidence that a suitable diet during pregnancy exerts a favourable influence on the occurrence of premature births and still-births. Furthermore a deficiency of these vitamins in early childhood may have an adverse effect on health which may persist throughout the remainder of the child's life.

In previous reports attention has been drawn to the great difficulty, which still exists, of obtaining residential accommodation for mentally defective children. Some of these children have been awaiting suitable accommodation for several years and the failure to provide it imposes a severe burden on their parents and relatives. Both the Ministry of Health and the Newcastle Regional Hospital Board are well aware of the urgent need for the provision of more accommodation for mental defectives. The Minister of Health in a recent answer in the House of Commons gave statistics which reveal the magnitude of the problem. The figures he then quoted show that at the end of 1954 the number of defectives notified as being in need of hospital care and still awaiting admission were: low grades; urgent, 2,137, non-urgent, 1,449; others: urgent, 1,863, non-urgent, 2,284. The current report of the Newcastle Regional Hospital Board states that since 1948, 552 new places have been built in the four mental deficiency hospitals in the region served by the Board and that it is hoped to start building in 1954-55 a further 243 beds in mental deficiency hospitals. The provision of hospital beds for the mentally afflicted is one of the major problems facing the hospital service. It is perhaps not generally realised that slightly over two-fifths of the half million hospital beds available under the National Health Service are provided for cases of mental illness or mental defect. Of recent years the public health service has shown a growing interest in the prevention of mental illness. The information just given demonstrates the need for this interest and the valuable gains awaiting effective prevention.

In conclusion I desire to thank the Chairman and Members of the Health Committee for their interest and encouragement and the Chief Officials of the Corporation for their valuable help and co-operation. My grateful thanks are also due to those who have assisted in the preparation of

this report and to all members of the staff in the various sections of the Health Department for the useful work they have performed during the year.

I have the honour to remain,

Your obedient servant,

HENRY. J. PETERS,

Medical Officer of Health.

EXTRACTS FROM VITAL STATISTICS OF THE YEAR

POPULATION

Registrar General's estimate of the population of the Borough	
at 30th June, 1954	74,760
Increase on last year's estimate	520
Natural increase during 1954 (excess of births over deaths)	651

Live Births:—		1954	1953
Males	749	Birth-rate per 1000 of population	19·73
Females	724		
Total	1473		19·28

Still Births	37	Rate per 1,000 total births	24·50	31·80
--------------	----	--------------------------------	-------	-------

Deaths:—				
Males	398	Death-rate per 1,000 of population	10·99	10·84
Females	424			
Total	822			

Infantile Mortality:—				
Number of deaths at ages under 1 year	43	Rate per 1,000 live births	29·19	30·74

Neo-Natal Mortality:—				
Number of deaths at ages under 4 weeks	30	Rate per 1,000 live births	20·36	19·56

Deaths from Puerperal Causes:—				
Number of deaths	nil	Total per 1,000 total births	nil	1·35

BIRTHS

The number of births registered in the Borough increased by 42 over the figure for 1953 with a corresponding slight increase in the birth-rate to 19·73 per 1,000 of the population. This rate when amended by the comparability factor supplied by the Registrar General is 18·74, compared with a rate of 15·2 for England and Wales. The rate for England and Wales has fallen steadily during the past five years (except for a slight rise in 1953) from 15·8 to 15·2, while that of the Borough has increased slightly each year from 18·96 in 1950 to 19·73 in 1954.

There were 61 illegitimate births registered during the year, giving an illegitimate birth rate of 41 per 1,000 live births compared with a national rate of 46.

STILL BIRTHS

There were 37 still births registered in the Borough during 1954, compared with 47 for 1953. The still birth rate per 1,000 total births was 24·50 compared with 27·36 and 31·86 the rates for 1952 and 1953 respectively. The rate for England and Wales was 24·0 per 1,000 total births, an increase of 1·5 per 1,000 on the rate for 1953.

DEATHS

The net deaths during the year, after adjustment for inward and outward transfers, were 822—398 males and 424 females. 161 Stockton residents died outside the borough and 115 deaths of non-residents were registered as having occurred in the borough.

The number of deaths registered during the year is an increase of 17 on the number for 1953, the death-rate being fractionally higher at 10·99 per 1,000 of the population. When corrected with the comparability factor supplied by the Registrar General, the local rate is 12·85 compared with 11·3, the rate for England and Wales.

The age and sex distribution of the general deaths is shown in the following table:—

Age	Males	Females	Total
Under 1 year	25	18	43
1—4 years	6	4	10
5—14 years	4	2	6
15—24 years	5	5	10
25—39 years	18	14	32
40—59 years	68	60	128
60—69 years	92	77	169
70—79 years	122	142	264
80—89 years	50	91	141
90 and over	8	11	19
	<hr/> 398	<hr/> 424	<hr/> 822

An interesting feature of this table is that for the first time the deaths of females exceed those of males. The number of deaths of males during 1954 was 37 less than in 1953, while the female deaths exceed the 1953 figure by 54.

The percentages of the total deaths for each sex for 1954 and the five preceding years were as follows:—

	M	F		M	F
1954	48	52	1951	55	45
1953	54	46	1950	54	46
1952	54	46	1949	53	47

It is gratifying to note that the number of male deaths in the 40—59 age group was reduced from 103 in 1953 to 68, a reduction of 34%.

A table showing the causes of death during the year 1954 is given below:—

CAUSES OF DEATH IN STOCKTON-ON-TEES, 1954.

Causes of Death						Total	Males	Females
All Causes						822	398	424
1.	Tuberculosis, respiratory					10	8	2
2.	Tuberculosis, other					3	1	2
3.	Syphilitic disease					3	1	2
4.	Diphtheria					—	—	—
5.	Whooping Cough					—	—	—
6.	Meningococcal infections					1	—	1
7.	Acute Poliomyelitis					—	—	—
8.	Measles					—	—	—
9.	Other infective and parasitic diseases					2	—	2
10.	Malignant neoplasm, stomach ...					26	14	12
11.	Malignant neoplasm, lung, bronchus					33	22	11
12.	Malignant neoplasm, breast					10	—	10
13.	Malignant neoplasm, uterus					7	—	7
14.	Other malignant and lymphatic neoplasms					64	38	26
15.	Leukaemia, aleukaemia					4	—	4
16.	Diabetes					5	1	4
17.	Vascular lesions of nervous system ...					95	38	57
18.	Coronary disease, angina					116	68	48
19.	Hypertension with heart disease ...					20	12	8
20.	Other heart disease					133	55	78
21.	Other circulatory disease					23	10	13
22.	Influenza					5	1	4
23.	Pneumonia					31	21	10
24.	Bronchitis					32	15	17
25.	Other diseases of respiratory system ...					9	6	3
26.	Ulcer of stomach and duodenum ...					7	6	1
27.	Gastritis, enteritis and diarrhoea ...					2	1	1
28.	Nephritis and Nephrosis					12	6	6
29.	Hyperplasia of Prostate					8	8	—
30.	Pregnancy, childbirth, abortion ...					—	—	—
31.	Congenital malformations					12	2	10
32.	Other defined and ill-defined diseases					105	41	64
33.	Motor vehicle accidents					10	4	6
34.	All other accidents					25	13	12
35.	Suicide					8	6	2
36.	Homicide and operations of war ...					1	—	1

INFANT MORTALITY

There were 43 deaths among infants under one year of age during 1954, one less than the previous year. The infantile mortality rate is 29·19, a reduction of 1·55 per 1,000 live births on the corresponding rate for 1953. The rate for England and Wales was 25·5, the lowest rate ever recorded in this country.

The principal cause of death was prematurity which accounted for the death of 17 infants (fourteen dying within 24 hours of birth), followed by congenital malformations which were responsible for nine deaths. Unfortunately there were four accidental deaths during the year. One was due to overlaying, another to asphyxia when lying on a sofa and two to asphyxia as a result of inhalation of vomited material.

Thirty-five infants died in hospital and eight at home. Of the eight infants who died at home, four were the accidental deaths referred to above, three occurred within a few minutes of birth and one was due to gastro enteritis and convulsions.

A table showing the cause of death in age periods is given below:—

Cause of Death	M	F	Under	1/7	1/4	4 wks	3/6	6/9	9/12	Total
			1 day	days	wks.	to 3 mths	mths.	mths.	mths.	under 12 mth.
Prematurity	12	5	14	3	—	—	—	—	—	17
Atelectasis	1	1	1	1	—	—	—	—	—	2
Broncho-pneumonia	4	—	—	1	—	1	1	—	1	4
Congenital Malformations	2	7	—	—	3	1	—	5	—	9
Gastro Enteritis	1	—	—	—	—	—	1	—	—	1
Accidental Death	3	1	—	1	—	1	2	—	—	4
Diseases peculiar to early infancy	2	4	1	3	2	—	—	—	—	6
Totals	25	18	16	9	5	3	4	5	1	43

NEO-NATAL MORTALITY

Although the infantile mortality rate showed a slight reduction, the neo-natal death rate (deaths of infants under one month) increased from 19.56 per 1,000 live births to 20.36 the number of deaths being 30. The corresponding rate for England and Wales was 17.7 the same as the rate for 1953.

Seventeen of these infants died from prematurity, only three surviving for more than one day, and six died from diseases peculiar to early infancy.

MATERNAL MORTALITY

There were no maternal deaths in the Borough during 1954. During the past six years four maternal deaths have occurred, one in each of the years 1951 and 1952 and two in 1953. In the remaining three years no maternal deaths were registered.

The maternal mortality rate for England and Wales for 1954 was 0.69. This is a record low rate for the country. Except for a slight rise in 1953, the maternal mortality rate has been steadily falling since 1948, the last year when the rate exceeded 1.0 per 1,000 total births.

AVERAGE ANNUAL BIRTH-RATES, DEATH-RATES AND INFANTILE MORTALITY RATES FOR FIVE YEAR PERIODS FROM 1901—1950 AND FOR THE INDIVIDUAL YEARS 1950-1954, FOR STOCKTON - ON - TEES AND ENGLAND AND WALES

	STOCKTON-ON-TEES				ENGLAND AND WALES		
	Birth Rate	Death Rate	Inf. M. Rate		Birth Rate	Death Rate	Inf. M. Rate
1901—05	31.64	17.62	153	...	28.16	16.0	137.8
1906—10	29.50	15.98	128	...	26.2	14.6	117.0
1911—15	30.02	17.18	122	...	23.6	14.3	109.6
1916—20	25.04	17.80	111	...	20.0	14.5	90.6
1921—25	25.50	13.80	94	...	19.9	12.1	75.8
1926—30	21.64	13.49	85	...	16.7	12.1	67
1931—35	19.21	12.47	74	...	15.0	12.0	62
1936—40	18.89	12.50	63	...	14.9	12.5	55
1941—45	20.23	13.08	65	...	16.0	11.9	50
1946—50	21.70	11.00	51	...	18.0	11.5	36
1950	18.96	11.74	46	...	15.8	11.6	30
1951	19.03	13.06	55	...	15.5	12.5	29.6
1952	19.26	10.71	25.31	...	15.3	11.3	27.6
1953	19.28	10.84	30.74	...	15.5	11.4	26.8
1954	19.73	10.99	29.19	...	15.2	11.3	25.5

NOTES ON PRINCIPAL CAUSES OF DEATH

The six principal causes of death, with associated causes grouped together, compared with corresponding figures for the preceding five years, were as follows:—

Disease	Number of Deaths					
	1954	1953	1952	1951	1950	1949
1. Heart and Circulatory Diseases ...	292	292	320	360	300	271
2. Cancer	144	132	122	133	131	139
3. Bronchitis, Pneumonia and other Respiratory Diseases ...	72	87	74	109	82	90
4. Vascular lesions of nervous system	95	90	93	105	91	97
5. Violence	44	31	23	37	48	44
6. Tuberculosis (all forms)	13	27	18	28	34	47
Totals	660	659	650	772	686	688
Percentage of total deaths	80	82	82	80	79	78

These deaths were almost equally divided between the sexes—331 males and 329 females.

A table showing the age and sex distribution of the deaths from violent causes is given below:—

Cause of Death	Under 5		5-15		15-25		25-45		45-65		65-75		75 and over		Total		Gross
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Suicide	—	—	—	—	—	—	—	—	4	1	1	—	1	—	6	1	7
Accidents in home—																	
Falls	—	—	—	—	—	—	—	—	1	1	—	2	1	5	2	8	10
Burns and Scalds ...	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2
Other home accidents	2	—	—	—	—	—	2	—	—	—	—	—	—	—	4	—	4
Accident at work	—	—	—	—	1	—	3	—	—	—	—	—	—	—	4	—	4
Motor Vehicle accidents ..	1	—	1	—	—	1	—	—	1	2	—	1	1	2	4	6	10
Homicide	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Other accidents	—	—	—	—	1	—	1	—	—	1	—	1	—	—	2	2	4
	3	—	1	—	2	1	6	—	6	6	1	4	4	8	23	19	42

This table is prepared from local sources and the figures vary slightly from those supplied by the Registrar General.

The 42 violent deaths include 34 resulting from accidents as against 27 during 1953. The number of deaths from motor vehicle accidents was one less than last year while the number of home accidents increased by four. There was also

an increase in the number of deaths as a result of accidents at work from 1 to 4.

Four of the suicides were from gas poisoning, 1 from hanging, 1 from injuries sustained when he jumped from a bridge and one from shooting. The four deaths from “other home accidents ” in the above table were—one from an overdose of insulin, one from electrocution by a home-made portable lamp and two infants who died from asphyxia, one while in bed with his parents and the other while sleeping on a sofa. In addition to the deaths included in the above table three infants died as a result of asphyxia by vomited material and one adult from asphyxia during an epileptic fit.

The deaths shown in the above table as “other accidents” comprise two “ found drowned,” one as a result of a fall in the churchyard and one as a result of being run into by a railway engine.

The ten deaths resulting from motor vehicle accidents consisted of one elderly male, three elderly females, one middle-aged female and two young children who were knocked down when crossing the road. One female was killed when a motor cycle collided with her invalid chair, one was a passenger in a motor car which left the road and overturned and one was a motor cyclist who fell from his machine.

CENSUS 1951

Statistics in regard to the Borough extracted from the Durham County volume of the above Census published during the year 1954:—

POPULATION

Males	Females	Total
36,339	37,816	74,155

This is an increase of 6,433 persons or 9·5% over the figure in the 1931 Census. The increase in the male population was 7·8% and in the female population 11·2%. 17·8% of the population consisted of children under 10—compared with 16%, the corresponding figure for England and Wales. In 1901 the percentage of the population of the Borough under the age of 10 years was 24·2.

At the other end of the age range 8·8% of the population were aged 65 or over, compared with 11% for England and Wales. In 1901 only 3·3% of the population of the Borough were aged 65 and over.

The total population of the County of Durham with associated County Boroughs showed a decrease of 22,307 or 1·5% during the intercensal period 1931-1951, the population enumerated at the 1951 Census being 1,463,868.

MARITAL STATE

The marital state of the population of the Borough was as follows:—

	Male	Female	Total	% of Population
Single	17,007	15,839	32,846	44·3
Married	17,966	18,246	36,212	48·8
Widowed ...	1,236	3,586	4,822	} 6·9
Divorced ...	130	145	275	
	<hr/> 36,339 <hr/>	<hr/> 37,816 <hr/>	<hr/> 74,155 <hr/>	<hr/> 100·0 <hr/>

ACREAGE (land and inland water)

The acreage of the Borough at the time of the Census and the density of persons per acre compared with that of other large towns in the county is as follows:—

Stockton-on-Tees	*5,465 acres	13·6 persons per acre
Darlington	6,469 „	13·1 „ „ „
South Shields	4,874 „	21·9 „ „ „
Sunderland	8,575 „	21·2 „ „ „
West Hartlepool	4,175 „	17·4 „ „ „
Gateshead	4,470 „	25·7 „ „ „

*Extended in 1951 to 6,084 acres.

Density per acre in 1954—12·28 persons.

PRIVATE HOUSEHOLDS

Of the total population 73,010 were living in dwellings occupied by private households, the remaining 1,145 being housed in hotels, boarding houses, hospitals, institutions, etc.

The number of private households in the Borough at the date of the Census was 20,879 and they occupied accommodation as follows:—

1 Room	345
2 Rooms	1,479
3 Rooms	2,633
4 Rooms	8,077
5 Rooms	5,803
6 Rooms	1,905
7 Rooms	433
8 or 9 Rooms	164
10 or more rooms	40
	<hr/>
	20,879
	<hr/>

In the following table these households are classified according to the number in family. The percentage of each size of family is also given:—

	No.	Percentage
1 person	1,630	7·8
2 persons	4,909	23·5
3 persons	5,188	24·8
4 persons	4,405	21·1
5 persons	2,383	11·4
6 persons	1,213	5·8
7 persons	597	2·9
8 persons	261	1·2
9 persons	157	0·8
10 or more persons	136	0·7
	<hr/>	<hr/>
	20,879	100·0
	<hr/>	<hr/>

From this table it will be seen that 30% of the households in the Borough consist of families of 1 or two persons and almost 25% consist of three persons.

DENSITY OF POPULATION

The density of the population was as follows:—

	Persons		Households	
	No.	Percentage	No.	Percentage
Living at over 3 per room	657	0.9	96	0.5
3 and over 2	2,869	3.9	430	2.1
2 and over 1½	7,039	9.6	1,191	5.7
1½ and over 1	15,604	21.4	3,017	14.4
1 or less	46,841	64.2	16,145	77.3
	<hr/>	<hr/>	<hr/>	<hr/>
Totals	73,010	100.0	20,879	100.0
	<hr/>	<hr/>	<hr/>	<hr/>

1,780 households, with a population of 4,979, are living in shared dwellings, the average number of persons per room being 1.18. The percentage of persons living at more than two per room in the Borough compared with the corresponding figure for Durham County and the neighbouring County Boroughs and with the corresponding figures for 1931 were as follows:—

	1951	1931
Stockton-on-Tees	4.83	10.90
Durham County	5.49	20.29
Darlington	2.93	9.76
Gateshead	9.45	26.60
South Shields	5.36	26.34
Sunderland	7.55	29.31
West Hartlepool	4.76	16.74

A household living at a density of over two per room is considered to be overcrowded. The remarkable improvement that has been effected during the intercensal period is shown in the above table. One factor which has helped in this reduction is the reduction in the average number of persons per household from 4.06 in 1931 to 3.50 in 1951.

STRUCTURALLY SEPARATE DWELLINGS

The following table shows the number of structurally separate dwellings of various sizes in the Borough and the number of private households therein:—

	Structurally Separate Dwellings										
	1 Room	2 Rooms	3 Rooms	4 Rooms	5 Rooms	6 Rooms	7 Rooms	8 or 9 Rooms	10 or more Rooms	Total Dwel- lings	Total Rooms
Dwellings occupied by 1 family ...	40	589	2,290	7,932	5,759	1,893	429	162	40	19,134	84,753
2 families ...	—	2	38	261	185	107	56	32	10	691	3,491
3 or more families	—	—	1	11	6	25	16	22	19	100	759
Total ...	40	591	2,329	8,204	5,950	2,025	501	216	69	19,925	89,003
No. of private Households therein ...	40	593	2,369	8,487	6,147	2,189	598	309	147	20,879	

HOUSEHOLD AMENITIES

A new table included in the Census returns for the first time gives information as to the absence or availability of certain household equipment. The equipment included in the return was:—

1. piped water supply,
2. cooking stove,
3. kitchen sink,
4. water closet,
5. fixed bath.

The definition of these items is as follows:—

PIPED WATER SUPPLY WITHIN THE HOUSE means water laid on either from the mains or from a storage tank, if the tap can be reached without leaving the shelter of the building or an attached covered structure. It does not include a tap in the open yard or a public standpipe.

COOKING STOVE OR RANGE means any cooking stove, kitchen range, or other fixed grate using gas, electricity or any other fuel, provided there is an oven. One or more gas-rings, hot-plates or portable electric ovens are not by themselves enough to be called a cooking stove or range.

KITCHEN SINK means a sink inside the building, whether in a kitchen or not, with a drain pipe leading outside the building, and normally used for washing up, etc. It need not have water piped to it. It does not include a wash basin designed for personal toilet.

WATERCLOSET here means a watercloset flushed by water, either from a cistern or by hand, and emptying into a main sewer, septic tank or cesspool. It does not include a chemical closet or earth closet.

FIXED BATH means a bath permanently installed and connected with a waste pipe leading outside the building. It does not matter for this purpose whether there is water piped to it, or whether the room where it is installed is used only as a bathroom or not.

In the following table the number of households sharing or without these amenities is shown:—

Households	Sharing	Without	Percentage
Piped water supply	2,336	728	15
Cooking stove	1,312	165	7
Kitchen sink	1,344	993	11
Water closet	1,574	64	8
Fixed bath	926	7,089	38

60% of the households in the Borough have all five of the above amenities.

The majority of households which are without amenities Nos. 1 to 4 occupy houses in areas which will be dealt with under slum clearance schemes within the next few years.

SOCIAL CLASS

The social class distribution of occupied and retired males aged 15 and over in the Borough was as follows:—

Class I	Professional, etc., occupations	748
Class II	Intermediate occupations	2,768
Class III	Skilled occupations	13,154
Class IV	Partly skilled occupations	4,020
Class V	Unskilled occupations	5,361
		26,051

The proportion per 1,000 occupied and retired males in the Borough in each social class, compared with corresponding figures for England and Wales and the Administrative County of Durham (including associated County Boroughs) is as follows:—

	I	II	III	IV	V
Stockton-on-Tees	29	106	505	154	206
England and Wales ...	33	150	527	162	128
Durham County	17	91	520	226	146

SANITARY CIRCUMSTANCES OF THE AREA

WATER

The Borough is supplied with water by the Tees Valley Water Board.

I am indebted to the Engineer and Manager of the Board for the following information in regard to the water supply of the Borough.

The water supply to the area has been satisfactory in quality and quantity.

Three samples of the raw water and 25 samples of the treated water as it leaves the various works, were collected for bacteriological examination each week, together with approximately a dozen samples taken at points on the distribution system. All samples of the treated water collected during the year were of satisfactory bacteriological purity.

The water is not liable to have any plumbo-solvent action.

The water is purified by slow sand filtration followed by treatment with ammonia and chlorine. Water which has been standing in open reservoirs is also treated with ammonia and chlorine before passing into supply.

All the dwelling houses in the Borough are supplied with water from public water mains direct to the houses.

A summary of the results of the examination of samples of the raw water from two sources of supply is given below:—

Chemical Results (Expressed as parts per million).

	RIVER TEES SUPPLY DARLINGTON			LARTINGTON GRAVITATION SUPPLY		
	Average	Maximum	Minimum	Average	Maximum	Minimum
pH	7.4	7.9	7.1	7.0	7.1	6.7
Colour (Hazen Units)	70	150	24	95	150	45
Total Solids	130	230	90	80	95	65
Free Carbon Dioxide .	3	6	Trace	4.5	7	3
Chloride	8.5	18	6	7	8	5
Alkalinity	65	115	30	25	35	20
Total Hardness	90	160	50	40	50	30
Carbonate Hardness ..	65	115	30	25	35	20
Non-carbonate						
Hardness	25	45	15	15	20	10
Nitrogen in Nitrates .	0.8	3.2	Nil	0.3	1.0	Nil
Nitrogen in Nitrites .	approx.	approx.		approx.	approx.	
	.01	.10	*.01	.01	.10	Nil
Ammoniacal Nitrogen .	0.049	0.13	0.003	0.050	0.13	0.005
Albuminoid Nitrogen .	0.083	0.13	0.036	0.092	0.13	0.049
Oxygen Absorbed						
in 3 hrs. at 37°C .	6.2	14.0	1.9	8.7	13.0	5.0
Iron	0.12	0.28	0.03	0.19	0.40	0.05
Turbidity	3	6	Trace	*3	3	Nil
Conductivity	185	340	100	95	110	75

* = Less than

Bacteriological Results—

	RIVER TEES SUPPLY, DARLINGTON			LARTINGTON GRAVITATION SUPPLY		
	Average	Maximum	Minimum	Average	Maximum	Minimum
Colony Count per ml. on agar after 1 day at 37°C	12	31	2	9	21	2
Colony Count per ml. on agar after 2 days at 37°C	16	38	4	12	26	4
Colony Count per ml. on agar after 3 days at 20°C	13	80	2	8	70	2
Percentage of samples giving a Presumptive Coliform reaction per 100 ml.		Nil			0.4	
Percentage of samples giving B.Coli (Type 1) in 100 ml.		Nil			0.2	

ANNUAL REPORT OF CHIEF SANITARY INSPECTOR

Annual report of the Chief Sanitary Inspector, Mr. E. Varley, to the Medical Officer of Health on the work of the Sanitary Inspectors during the year 1954.

SANITARY INSPECTION OF AREA

Summary of work of Inspectors, 1954

Inspections following complaints	1006
,, under the Housing Acts	498
,, under the Public Health Act	786
,, in regard to outstanding notices	2090
Visits to slaughterhouses and other food premises for food inspection	2077
Samples taken for analysis Food & Drugs Act	151
Milk samples taken for bacteriological examination	53
Other samples taken for bacteriological examination	5
Inspections of bakehouses	47
,, dairies and milk distributors premises	144
,, ice cream factories	21
,, preserved food factories	41
,, other food shops and warehouses	871
,, restaurants, cafes and snack bars	58
,, offensive trades	24
,, markets	151
,, factories: Non-powered 40: Powered 253	293
,, licensed premises and places of entertainment	11
,, stables and pigstys	30
,, under the Diseases of Animals Acts	139
,, under the Prevention of Damage by Pests Act, 1949	82
,, under the Pet Animals Act, 1951	3
,, common lodging houses	4
,, houses let in lodgings	13
,, hairdressers	79
,, hawkers storage accommodation	4
,, visits concerning atmospheric pollution	63
Investigations made in respect of notifiable diseases	174
Premises disinfected re infectious diseases	51
Premises disinfected re vermin	41
Miscellaneous inspections	348
Interviews	541

HOUSING STATISTICS

1. Inspections of Dwelling Houses During the Year:—

1. (a) Total number of dwelling houses inspected for housing defects (under the Public Health or Housing Acts) 609
- (b) Number of inspections made for this purpose 2950

2.	(a)	Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	98
	(b)	Number of inspections made for this purpose	129
3.		Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	50
4.		Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	48
2.	Remedy of Defects During the Year Without Service of Formal Notices :—		
	Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers :—		
		Public Health Act	167
		Housing Act	2
3.	Action under Statutory Powers during the Year :—		
	A. Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936		
	1.	Number of dwelling houses in respect of which notices were served requiring repairs	41
	2.	Number of dwelling houses which were rendered fit after service of formal notices :—	
		(a) by owners	39
		(b) by Local Authority in default of owners	2
	B. Proceedings under the Public Health Acts		
	1.	Number of dwelling houses in respect of which notices were served requiring defects to be remedied	273
	2.	Number of dwelling houses in which defects were remedied after service of formal notices :—	
		(a) by owners	259
		(b) by Local Authority in default of owners	30
	C. Proceedings under Sections 11 & 13 of the Housing Act, 1936		
			Persons Houses Displaced
	1.	Number of dwelling houses in respect of which Demolition Orders were made	36 .. 167
	2.	Number of dwelling houses demolished in pursuance of Demolition Orders	— —
	D. Proceedings under Section 12 of the Housing Act, 1936		
	1.	Number of separate tenements or under-ground rooms in respect of which Closing Orders were made	— —
	2.	Number of separate tenements or under-ground rooms in respect of which Closing Orders were determined the tenement or room having been rendered fit	— —

PUBLIC HEALTH ACT, 1936

Nuisances and Repairs dealt with under the Act.

1,006 complaints were dealt with during the year. As a result of these and other routine inspections by the Sanitary Inspectors, notices were served as follows:—

Preliminary Notices served	506
Statutory Notices served	273
Number of premises in respect of which notices served during 1953/1954 were complied with	456

Dangerous Buildings and other Structures:—

It was necessary during the year to report six properties to the Borough Engineer as being in such a condition as to be dangerous.

Section 154:—

It was necessary to take legal action under the provisions of the Act against two persons who were found to be exchanging toys for rags with children under the age of 14 years. As a result, the defendants were fined £3 and £2 respectively.

HOUSING ACT, 1936.

Slum Clearance:—

As a result of a Public Inquiry held on the 23rd March, 1954, the Minister of Housing and Local Government confirmed the Stockton-on-Tees (Wade Street Clearance Area) Compulsory Purchase Order, 1954. This dealt with sixty-eight dwelling houses occupied by seventy-five families, situated within the area of the town known as The Triangle (the district to the north of Bishopton Lane and Church Road bounded on the north-east by the North Shore Branch Railway and on the north-west by the Leeds/Northern Branch Railway). This Order was a further step in clearing an area of houses which are not only individually unfit for human habitation but which are situated in a district which is badly arranged and congested. The Order followed that made in 1951 for the Haffron Street Area consisting of sixty-nine houses and seventy-four families.

A further area within The Triangle known as the Maritime Street Area, consisting of a further sixty-five houses, has already been prepared and will be the subject of an Inquiry in 1955.

Sections 9 and 10—Repairs to Dwelling Houses—

Following inspections made by the Sanitary Inspectors and representations to the Housing Committee, forty-one Statutory Notices were served under Section 9 of the Act and during the year, forty-two houses were made fit for habitation as a result of notices served during 1953/54 (including two by the Local Authority in default of owners).

Section 11—

Thirty-six houses were considered to be individually unfit and incapable of repair at a reasonable cost and were scheduled for demolition according to Section 11 of the Act, or closed under the provision of Section 10 of the Local Government (Miscellaneous Provisions) Act, 1953.

Overcrowding—

During the year, 111 families were reported to the Housing Department as living in overcrowded conditions. This number was divided into two groups:—

	Houses Occupied by	
	One Family	Two or More Families
1. Statutorily overcrowded in accordance with the Act	47	8
2. Overcrowded due to the exclusion of the communal living room when assessing the " Permitted number "	48	8

HOUSING REPAIRS AND RENTS ACT, 1954

This Act, which became operative during the year, deals particularly with:—

1. Additional powers in respect of clearance areas and demolition.
2. The question of improvement grants formerly dealt with by the Housing Act, 1949.
3. The repair and fitness for habitation of dwellings.
4. The rent increase permitted for properties on which the required statutory amount has been spent in the way of repairs.

Slum Clearance Proposals—

In October, after full consideration by the Health Committee, a scheme was submitted to and confirmed by the Council, outlining the proposals for slum clearance of about

3,000 houses in the Borough for the next 10 years. The proposals included an initial 5 year scheme for the clearing of approximately 1,500 dwellings (including the areas already mentioned).

Improvement Grants—

During the year, sixty-one applications were received for improvement grants and in fifty-six cases improvements were completed. In all cases, the properties concerned have a life of at least 15 years and were not envisaged as being part of future clearance schemes.

Certificates of Disrepair—

The Act allows for a tenant who is of the opinion that his dwelling is not in good repair and fit for human habitation to apply to the Local Authority for a Certificate of Disrepair. This application is usually made following a proposed rent increase. In 1954 fourteen applications were received for such certificates and in eight cases these were granted.

DISEASES OF ANIMALS ACTS

Routine inspections of the cattle market were carried out on sale days and 1,274 licences were issued for the movement of 9,897 pigs.

One case of suspected swine fever was notified to the Ministry during the year. This was not confirmed.

Notification was received of seventeen vessels arriving in the River with dogs or cats on board. These vessels were visited under the Importation of Dogs and Cats Order.

RIDING ESTABLISHMENTS ACT, 1938

The Veterinary Inspector submitted satisfactory reports on his visits to the Riding School in the Borough.

OFFENSIVE TRADES

The following offensive trades are in operation in the Borough:—

Tripe Boilers	...	...	...	...	...	5
Gut Scrapers	....	...	...	...	...	2
Fell Monger	...	...	...	...	...	1

All were conducted in a manner satisfactory only when allowing for the situation and type of premises being used. In the case of three of the tripe boilers, the premises are entirely unsuitable and the siting of these trades will, of course, be the subject of consideration when the public abattoir position is determined.

STOCKTON-ON-TEES CORPORATION ACT, 1938

Hairdressers—

The number of persons on the register of hairdressers and barbers at the end of the year was fifty-nine. All premises were inspected and conditions found to be entirely satisfactory.

Hawkers—

The number of persons now on the register for the sale of meat, fish, fruit and vegetables from mobile vehicles is 16.

COMMON LODGING HOUSES

The two common lodging houses were again registered and inspections made during the year revealed that both were being operated in a satisfactory manner.

SLAUGHTER OF ANIMALS ACT, 1933

Thirty-one persons were granted slaughterman's licences during the year.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

The following is a summary of the work of the Rodent Operator and his part-time assistant during the year:—

Number of complaints received	298
Number of premises surveyed as a result of complaints and otherwise discovered	609
Number of premises treated	193
Number of treatments carried out to these premises	260
Sewer manholes treated	136
Number of rats and mice killed (according to poison taken)	1630

Approximately 30% of the bodies were collected.

Double maintenance check and treatment of sewer manholes was carried out during the year.

FACTORIES ACT, 1937

Total number of factories on the register at the end of the year was 328 compared with 329 for the year 1953. Regular inspections were carried out and the premises were generally well maintained.

In the following table, prescribed particulars are given on the administration of the Factories Act, 1937:—

1. Inspections for purposes of provisions as to health—

PREMISES	Number on Register	Number of Inspections	Number of Written Notices
(a) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	39	40	1
(b) Factories not included in (a) in which Section 7 is enforced by the Local Authority	289	253	4
Total	328	293	5

2. Cases in which defects were found—

PARTICULARS	Number of cases in which defects were found			
	Found	Remedied	To H.M. Inspector	By H.M. Inspector
Want of cleanliness (S.1) ...	46	15	—	1
Inadequate ventilation (S.4) ...	1	1	—	—
Sanitary Conveniences (S.7)—				
(a) insufficient	2	—	—	—
(b) unsuitable or defective ...	19	15	—	2
Total	68	31	—	3

3. Number of outworkers employed in the Borough—1.

FOOD AND DRUGS ACT, 1938

A total of 1,062 inspections were made of food premises and conditions were found to be generally satisfactory. Several minor deficiencies were remedied by verbal notice and 34 Preliminary Notices were served dealing with the requirements of the Act. Of the notices served during 1953/54, 12 were complied with.

Registration of Premises—Section 14—

The following are the number of premises registered:—

a. For the manufacture of ice cream	8
b. For the storage and sale of ice cream	203
c. For the preparation or manufacture of sausages, preserved food, etc.	46

Food Sampling—

A total of 155 samples of various foodstuffs were submitted to the Analyst and/or Public Health Laboratory for examination and/or bacteriological examination. Of those submitted to the Analyst, all were satisfactory with the exception of one sample of ice cream which revealed a slight deficiency in fat content. Also included in samples submitted to the Analyst were the following items of food which

were brought into the office by customers who were of the opinion that the foodstuffs concerned were not of satisfactory quality:—

One sample of cakes which the purchaser thought had been contaminated by disinfectant, but which, after examination by the Analyst, revealed no such contamination.

One sample of trifle in which the purchaser discovered some foreign matter which was confirmed by the Analyst and which resulted in a warning being issued to the manufacturing firm concerned.

One jelly which contained foreign matter, again confirmed by the Analyst and the necessary warning issued.

One sliced loaf which was found to be discoloured throughout and on examination by the Analyst, was found to be contaminated by oil from the mixing machine. Again the matter was taken up with the manufacturing firm concerned.

In connection with two suspected outbreaks of food poisoning, samples of roast pork, gelatine powder, pressed meat and corned beef were submitted to the Area Laboratory for examination but all revealed negative results.

Inspection and Condemnation of Food at Warehouses and Shops—

The following is a summary of various foodstuffs inspected during the year and condemned as unfit for human consumption:—

Bacon	...	...	...	...	...	3cwt. 1qr. 11lb. 12oz.
Biscuits (Chocolate)	...	...	...	...	...	10944
Butter	...	...	...	...	...	2lb.
Cake	...	...	...	...	...	9lb. 15oz.
Cereals	...	...	...	...	...	12lb. 10oz.
Cheese	...	...	...	...	...	7cwt. 3qr. 10lb. 8oz.
Cocoa	...	...	...	...	...	3lb. 4oz.
Coconut	...	...	...	...	...	11lb.
Dried Fruit	...	...	...	...	...	3qr.
Eggs	...	...	...	...	...	68
Fish	...	...	...	...	...	2qr. 21lb.
Flavouring	...	...	...	...	...	7lb. 2oz.
Flour	...	...	...	...	...	2cwt. 1qr. 8lb.
Frozen Eggs	...	...	...	...	...	2qr. 25lb. 8oz.
Fruit	...	...	...	...	...	80cwt. 3qr. 21lb. 1 $\frac{3}{4}$ oz.
Fruit Juice	...	...	...	...	...	2qr. 23lb. 10oz.
Ham	...	...	...	...	...	20cwt. 1qr. 18lb. 7oz.
Icing Sugar	...	...	...	...	...	66 boxes
Jam	...	...	...	...	...	7cwt. 6lb. 15oz.

Lemon Curd	...	...	...	...	2lb.
Margarine	...	...	...	...	2qr. 25lb. 8oz.
Marmalade	...	...	...	...	4lb. 8oz.
Meat	...	...	...	...	33cwt. 3qr. 3lb. 1½oz.
Milk	...	...	...	...	8cwt. 7lb. 9½oz.
Milk Powder	...	...	...	...	2qr. 14lb. 6oz.
Mincemeat	...	...	...	...	2lb.
Peanut Butter	...	...	...	...	15lb. 8oz.
Pickles	...	...	...	...	1qr. 23lb. 10oz.
Pudding	...	...	...	...	7lb. 14½oz.
Salad Cream	...	...	...	...	1lb. 5oz.
Sandwich Spread	...	...	...	...	7lb. 13oz.
Sauce	...	...	...	...	7lb. 12½oz.
Sausage	...	...	...	...	1qr. 3lb. 8oz.
Soup	...	...	...	...	10cwt. 1qr. 8lb. 3½oz.
Sweets	...	...	...	...	7lb.
Syrup	...	...	...	...	5lb.
Vegetables	...	...	...	...	26cwt. 1qr. 4lb. 11oz.

Water Sampling—

Following a complaint by a householder, samples of tap water were taken and submitted to the Public Analyst for chemical and bacteriological examination. In his detailed report, the Analyst stated that the samples were “highly satisfactory for human consumption.”

Milk—

During the year an important alteration was made to the Regulations regarding the sale of milk for human consumption. By reason of the Milk (Special Designation) (Specified Areas) Order, 1954, Stockton was included in a Specified Area in which it is now illegal to sell by retail for human consumption any milk other than milk which may be sold as “Specially Designated” in accordance with the provisions of the appropriate Regulations. This Order (together with the Ministry of Food instruction that after 1st October, 1954, pasteurised milk can no longer be sold unless fitted with a cap or cover overlapping the lip of the container) means that not only the sale of undesignated milk but also of loose milk in the Borough has now ceased.

The following samples of milk were taken for bacteriological examination and testing:—

- | | | |
|-----|---|----|
| (a) | Pasteurised in the Borough | 48 |
| | Two of these failed the Methylene Blue test. The remainder were satisfactory. All satisfied the Phosphatase test. | |
| (b) | Pasteurised outside but retailed in the Borough ... | 5 |
| | All satisfied the Methylene Blue and Phosphatase tests. | |

Registration and Licencing of Milk Distributors, etc.—

Number of distributors on Register	141
Number of Pasteurisers Licences issued	2
Number of licences to sell Pasteurised milk	75
Number of licences to sell Tuberculin Tested milk	19
Number of licences to sell Sterilised milk	100

SLAUGHTERHOUSES

In July, 1954, meat rationing came to an end and with it the termination of the Ministry of Food Control of slaughtering arrangements. It was unfortunate that a more definite policy regarding slaughtering and the siting of Ministry or Local Authority abattoirs had not been settled before this time. It was left, however, to individual Local Authorities to ensure that sufficient slaughtering accommodation was made available in existing premises to meet the needs of the consumer. This, of course, meant the continuance of the use of existing buildings and, if necessary, the re-licencing of others which had been closed since 1940. After careful consideration and detailed consultations with all interested parties, the Council considered applications received from various butchers, also the condition of the 22 private slaughterhouses in the Borough. They decided that the needs would be met by continuing the use of the Co-operative slaughterhouse and Marks, Laing Street (which was to be operated by a company formed by the local Butchers' Association and used as a communal slaughterhouse after certain adaptations, including the provision of a cooling room); the re-licencing of Taylors slaughterhouse in Smith Street (after the provision of a cooling room) and Currys slaughterhouse at the rear of 115 High Street. Five other applications which were considered were refused. It was realised that these arrangements, whilst dealing with the position for an interim period, should only be regarded as a temporary measure until a Public Abattoir was established in a suitable area in the Borough. The licences issued were for a limited period—in the case of Marks for five years and the others for three years. After the initial transitional period in the early months which brought with it the unavoidable snags of re-organisation resulting in, amongst other things, irregular and long hours for the Meat Inspectors, the operation and organisation of the slaughtering premises soon resolved itself into a workable system. Taking into account the obvious limitations of the premises, the accommodation now in use is coping with the throughput, not only for consumers in the Borough but for

the Co-operative Butchering Department and certain wholesalers who are supplying shops in other areas.

It is hoped, however, that the Government will not delay in dealing with their proposed scheme for moderate concentration and agree to the siting of an abattoir in Stockton as the existing accomodation with its many deficiencies, can only be regarded as an interim arrangement.

Inspection of Animals Slaughtered for Human Consumption—

	Cattle excluding Cows		Cows	Calves	Sheep and Lambs	Pigs
Number killed	5591	478	1062	19651	11565	
Number inspected	5591	478	1062	19651	11565	
Condemned for disease other than Tuberculosis :—						
Whole Carcases	3	19	10	40	22	
Part Carcases or Organs ...	2668	167	1	311	433	
Tuberculosis only :—						
Whole Carcases	16	29	4	—	7	
Part Carcases or Organs ...	644	168	1	—	423	

Also condemned—

	lb.
Imported beef	944½
Imported pork	21
Imported mutton	120
Home killed beef	570
Home killed pork	367¾
Home killed mutton	163
Corned beef	30

ATMOSPHERIC POLLUTION

The Inspectors continued to deal with complaints and also made individual observations and enquiries into any potential source of pollution in the Borough. There were individual cases where improvement was effected following visits and suggestions made by the Inspectors.

On a broader basis, the work of the Tees-Side Smoke Abatement Committee contributed in a general manner to the overall problems of pollution on Tees-side. Much valuable work was caried out as a result of regular meetings between the Technical Officers of the Local Authorities and general meetings with council representatives of the constituent authorities. At these meetings, problems common to the area were discussed, resulting in joint action such as representations to and interviews with representatives of the larger industrial concerns, British Railways, etc. The Committee also submitted information and recommendations for

consideration of the committee set up under the chairmanship of Sir Hugh Beaver to “ examine the nature, causes and effects of air pollution and the efficacy of present preventative measures; to consider what further preventative measures are practical; and to make recommendations.”

The report of the Beaver Committee was published in November, 1954, and its findings have, amongst other things, drawn attention to the need for more vigorous action in the question of air pollution and the recommendations for new legislation in this matter.

Measurement of pollution in the Borough is still being recorded by the four deposit gauges. Set out below are the yearly averages of the gauges since the readings began. As comparison there is shown the Tees-Side averages for 1954 for areas divided into Industrial, Semi-Industrial and Residential.

AVERAGE DEPOSITS EXPRESSED IN TONS
PER SQUARE MILE

	1952	1953	1954	Tees-Side Averages for 1954 *
Drill Hall, Norton (Residential)	13.04	11.41	14.24	Industrial Areas 48.01
North End Rec. Ground (Semi- Industrial)	26.66	26.43	25.42	Semi-Industrial Areas ... 24.76
Quayside Mission (Semi- Industrial)	22.97	20.63	24.80	Residential Areas 14.12
Oxbridge Cottage (Residential)	No record- ing	10.40	10.74	

* The Tees-Side averages are taken from 48 gauges covering an area included in the districts of Hartlepool, West Hartlepool, Billingham, Stockton, Darlington, Barnard Castle, Thornaby, Middlesbrough, Eston, Redcar and Saltburn, and sited in 9 Industrial areas, 18 Semi-Industrial areas and 21 Residential areas.

ERNEST VARLEY,
Chief Sanitary Inspector.

INFECTIOUS DISEASES

The number of notifications of cases of infectious diseases (after correction) received during each quarter of the year 1954 was as follows:—

DISEASE	Quarter Ended				Total
	31st Mar.	30th June	30th Sept.	31st Dec.	
Scarlet Fever	37	9	17	9	62
Whooping Cough	23	17	11	10	61
Measles	14	97	128	443	682
Diphtheria	—	—	—	—	—
Pneumonia	8	3	1	8	20
Acute Poliomyelitis—					
Paralytic	—	1	2	2	5
Non-Paralytic	—	—	2	—	2
Dysentery	8	16	11	12	47
Erysipelas	4	3	1	1	9
Puerperal Pyrexia	2	1	1	2	6
Malaria	—	—	—	—	—
Food Poisoning	—	—	—	4	4
Ophthalmia Neonatorum ...	1	—	2	—	3
Paratyphoid	—	—	1	—	1
Meningococcal Infection ...	1	—	1	1	3
	98	147	168	492	905

This is 300 less than the number received during 1953. Over 75% of the cases notified during the year were of measles. The prevalence of this disease declined rapidly during the second half of the year 1953 but showed a progressive increase during the whole of 1954. Whooping Cough which was fairly prevalent during 1953 was comparatively quiescent during 1954.

Scarlet Fever and pneumonia were both less prevalent than during the previous year, but cases of dysentery showed a considerable increase. There was little change in the prevalence of the remaining diseases.

For the second consecutive year no case of diphtheria occurred in the Borough.

All the cases of poliomyelitis were of a comparatively mild type. Those cases in which the paralysis continued after recovery were removed to the Orthopaedic Hospital at Northallerton.

Apart from pneumonia there was only one death from a notifiable disease—meningococcal infection—during the year.

Although there were 682 cases of measles and 61 of whooping cough, there were no deaths attributable to these diseases.

ISOLATION HOSPITAL ACCOMMODATION

All cases of infectious disease occurring in the Borough are removed to the West Lane Isolation Hospital, Middlesbrough. The following table shows the number of cases of each of the diseases specified admitted to the Isolation Hospital during the year 1954. In many cases the original diagnosis was amended after admission to hospital, the amended figures being shown in brackets:—

Scarlet Fever	...	...	...	...	...	...	...	62	
Diphtheria	...	...	...	...	...	...	...	18	(—)
Measles	...	...	...	...	...	...	...	12	
Whooping Cough	...	...	...	...	...	...	...	4	
Meningococcal Infection	...	...	...	...	...	...	...	9	(3)
Poliomyelitis	...	...	...	...	...	...	...	15	(5)
Pneumonia	...	...	...	...	...	...	...	6	(1)
Bronchitis	...	...	...	...	...	...	...	1	
Dysentery	...	...	...	...	...	...	...	72	(38)
Gastro Enteritis	...	...	...	...	...	...	...	46	
Puerperal Pyrexia	...	...	...	...	...	...	...	4	(3)
Enteric or Typhoid	...	...	...	...	...	...	...	1	(—)
Impetigo	...	...	...	...	...	...	...	21	
Food Poisoning	...	...	...	...	...	...	...	1	
Erysipelas	...	...	...	...	...	...	...	1	
Miscellaneous	...	...	...	...	...	...	...	26	

LABORATORY FACILITIES

Excellent laboratory facilities are available at the Public Health Laboratories at Middlesbrough and Newcastle. Almost any type of specimen may be sent for examination free of cost. There is close co-operation between the Medical Director of the Public Health Laboratory at Middlesbrough and the Medical Officer of Health and full advantage is taken of the facilities offered.

Samples taken under the Food and Drugs Act, 1938, and samples of water are sent to the Public Analyst at Darlington. Samples of heat treated milk for examination by the phosphatase and methylene blue tests, specimens for examination for the Rh. Factor, blood grouping and the Wassermann and Kahn reactions, are sent to the laboratory at Middlesbrough.

Specimens taken by medical practitioners and by the Chest Physician are sent to the Public Health Laboratory at Newcastle.

TUBERCULOSIS

The following statement shows the state of the Tuberculosis Register at the beginning and end of 1954:—

	Respiratory			Non-Respiratory			Gross Total
	M.	F.	Total	M.	F.	Total	
No. of cases on Reg. 1/1/54 ...	207	139	346	23	21	44	390
Added during the year	39	23	62	2	2	4	66
Removed during the year	25	22	47	2	3	5	52
Remaining on Reg. 31/12/54 ...	221	140	361	23	20	43	404

The reasons for removal from the Register were:—

			Respiratory	Non-Respiratory	Total
Death	...	...	10	—	10
Recovered		...	23	3	26
Removed		...	11	2	13
Non-Tubercular		...	3	—	3
			<hr/>	<hr/>	<hr/>
			47	5	52

The number of additions to the register is slightly less than the corresponding figure for 1953 but the number of removals is considerably less—52 against 95. The number of names on the register at the end of the year increased by 14.

The incidence rates per 1,000 of the population for all forms of tuberculosis for the five year periods 1926—1950 and rates for the individual years 1951—1954 were as follows:—

1926—30	1.86
1931—35	1.51
1936—40	1.51
1941—45	1.60
1946—50	1.35
1951	1.42
1952	0.93
1953	0.93
1954	0.88

There were only 13 deaths from all forms of tuberculosis during 1954—10 respiratory and 3 non-respiratory. This is a record low figure for deaths from respiratory tuberculosis, the next lowest being 13 in 1952. The tuberculosis death rate was 0.17 the same as the rate for England and Wales.

The average death rate for both types of the disease per 1,000 of the population for each five year period from 1911 to

1950 and the rates for the individual years 1951—1954 are given below:—

			Respiratory	Non-Respiratory	Total
1911—15	...	...	1.28	0.75	2.03
1916—20	...	...	1.30	0.57	1.87
1921—25	...	...	0.91	0.37	1.28
1926—30	...	...	0.90	0.35	1.25
1931—35	...	...	0.74	0.20	0.94
1936—40	...	...	0.63	0.14	0.77
1941—45	...	...	0.71	0.11	0.88
1946—50	...	...	0.49	0.12	0.61
1951	...	...	0.33	0.05	0.38
1952	...	...	0.17	0.07	0.24
1953	...	...	0.35	0.01	0.36
1954	...	...	0.13	0.04	0.17

The deaths in the Borough from tuberculosis are shown in the following table classified according to sex and age:—

DEATHS FROM TUBERCULOSIS—1954

Age Periods			Respiratory			Non-Respiratory			Gross Totals
			M.	F.	Total	M.	F.	Total	
Under 1	...	...	—	—	—	—	—	—	—
1—4	...	...	—	—	—	—	—	—	—
5—14	...	...	—	—	—	—	—	—	—
15—24	...	...	—	1	1	—	—	—	1
25—44	...	...	1	—	1	—	1	1	2
45—64	...	...	3	1	4	1	1	2	6
65—74	...	...	4	—	4	—	—	—	4
75 and over	...	...	—	—	—	—	—	—	—
Totals	...	...	8	2	10	1	2	3	13

MASS RADIOGRAPHY SURVEY

The following statistics on the work of the Mass Radiography Unit in the Borough during 1954 have been supplied by the Organising Secretary.

Of the total number of persons examined 15 or 0.32% were found to be suffering from active pulmonary tuberculosis and in need of immediate treatment or close supervision, compared with 0.44% in 1953. Abnormalities other than tuberculosis were discovered in 1.5% of the persons examined, compared with 1.85% for 1953.

Numbers X-rayed on Miniature Film—

					Male	Female	Total
General Public	...	...	...	...	1115	1652	2767
School Children	...	...	...	...	346	715	1061
Children under 5	...	...	...	...	7	9	16
Others	...	...	...	...	322	143	465
					1790	2519	4309

Referred to Chest Clinic for large film—

				Male	Female	Total
				70	66	136—3·1%
Abnormalities found—						
Active Pulmonary Tuberculosis	...	...	...	10	5	15
Inactive Pulmonary Tuberculosis	...	...	...	14	16	30
Pleural abnormalities	...	...	...	1	1	2
Bronchiectasis	...	...	...	8	7	15
Cardiac abnormalities	...	...	...	7	14	21
Thoracic neoplasm	...	...	...	4	—	4
Miscellaneous	...	...	...	10	13	23
				54	56	110

CANCER

This disease was responsible for 144 deaths during the year, an increase of 12 on the corresponding figure for 1953.

In the following table the deaths, excluding leukaemia, are classified according to age, sex and site affected:—

	Under 25		25/44		45/64		65/74		Over 75		Total		Gross Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Buccal Cavity and Pharynx	—	—	—	—	1	1	—	—	1	—	2	1	3
Digestive Organs and Peritoneum	—	—	—	3	12	6	17	12	5	7	34	28	62
Respiratory System ...	—	—	3	2	15	5	5	4	2	—	25	11	36
Uterus ...	—	—	—	—	—	3	—	5	—	—	—	8	8
Other Female Genital Organs	—	—	—	—	—	—	—	—	—	—	—	—	—
Breast ...	—	—	—	4	—	4	—	1	—	2	—	11	11
Male Genital Organs ...	—	—	—	—	—	—	—	—	1	—	1	—	1
Other and Unspecified Sites ...	—	—	—	1	5	2	4	1	4	1	13	5	18
Totals ...	—	—	3	10	33	21	26	23	13	10	75	64	139

The male deaths from cancer of the respiratory system at 25 is the same as for 1953 but the deaths of females from cancer of this site increased from one in 1953 to eleven in 1954. Cancer of the breast, uterus and female genital organs accounted for the deaths of 19 women compared with a corresponding figure of 23-for 1953. Approximately one half of

the total deaths from this disease occurred at ages below 65 years. There were four deaths from leukaemia during the year.

The death rate from the disease for the year 1954 is 1·92 per 1,000 of the population, an increase of 0·2 per 1,000 on the rate for 1953.* The death rate from cancer of the lung and bronchus in the Borough was 0·44 compared with a rate of 0·37 for England and Wales.

The death rates from this disease for each of the past ten years have been:—

	Per 1,000 of population					
1945	1·96
1946	1·52
1947	1·63
1948	1·41
1949	2·07
1950	1·77
1951	1·89
1952	1·65
1953	1·77
1954	1·92

* The corresponding rate for England and Wales was 2·035 per 1,000 of the population.

FOOD POISONING

An outbreak of Food Poisoning involving four known cases occurred in the Borough in September, 1954. The patients, who were adults, had all partaken of pressed beef obtained from a butcher. Bacteriological examination of the remainder of the pressed beef and samples of other cooked meats from the shop failed to reveal the nature of the infecting organism. All the cases were treated in hospital and quickly recovered.

HOME SAFETY

Four meetings of the Home Safety Advisory Committee were held during the year. At three of these meetings talks were given by officers of the Gas and Electricity Boards and the Fire Service. At the fourth meeting recent Home Safety films were shown.

The deaths during the year due to accidents in the home are dealt with in the paragraph of this report dealing with violent deaths on page 24.

The number of fatal home accidents in England and Wales in each of the past five years was as follows:—

1949	...	...	...	...	...	...	4,904
1950	...	...	...	...	...	...	5,146
1951	...	...	...	...	...	...	5,434
1952	...	...	...	...	...	...	5,240
1953	...	...	...	...	...	...	5,895

A summary of the home accidents dealt with at the Stockton and Thornaby Hospital during the year 1954 is given below:—

Cause		Sex		Under 1	Age Periods						75 & over	Total
		M.	F.		1/4	5/14	15/24	25/44	45/64	65/74		
Falls	...	49	41	—	34	13	4	13	15	4	7	90
Burns	...	23	15	—	22	7	2	5	1	1	—	38
Scalds	...	17	22	—	19	9	2	6	2	1	—	39
Cuts	...	25	30	—	9	10	5	21	7	3	—	55
Others	...	20	22	—	14	8	4	10	6	—	—	42
<hr/>												
Totals	...	134	130	—	98	47	17	55	31	9	7	264
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Falls are by far the most numerous form of accident dealt with and the largest proportion of these affected toddlers in the 1—4 age group. This group also provided most of the casualties from burns and scalds.

INFORMATION IN RESPECT OF THE SERVICES ADMINISTERED IN THE BOROUGH BY THE COUNTY COUNCIL UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT, 1946

The Medical Officer of Health for the Borough is also the Area Medical Officer for the County Council for the No. 12 Area which comprises the whole of the Borough of Stockton-on-Tees. Part of the services of the administrative staff of the Health Department is paid for by the County Council.

MATERNITY AND CHILD WELFARE

There was no change during the year in the situation and numbers of sessions held at the six child welfare centres in the Borough. As no full-time Medical Officer has been appointed for this work the medical staffing of the centres is still being carried out by medical practitioners employed on a sessional basis.

The following table shows the number of attendances

made at each of the centres during 1954, the number of medical consultations and the average attendances per session:—

CENTRE	A T T E N D A N C E S			Average attendance per session	Number of Medical Consultations
	Under 1 year	1/5 years	Total		
131 Norton Road ...	1677	309	1986	39·0	559
Woodlands, Yarm Lane ...	4713	1169	5882	40·0	480
St. Ann's Terrace .	1182	288	1470	29·4	427
Norton Green ...	3702	812	4514	46·5	413
Brown's Bridge ...	2664	641	3305	67·4	484
Eastbourne Hall ...	1322	265	1587	35·0	314
Totals	15260	3484	18744	42·4	2677

ANTE-NATAL CENTRES

Centre	No. of attendances	No. of medical consultations	Average attendance per session
131 Norton Road	465	344	9·1
Robson Maternity Home	130	119	5·4
	595	463	7·9

The attendances at the child welfare centres fell by 1,715 during the year, the reduction being much more pronounced among the toddlers than in the under one group. One centre—Eastbourne Hall—showed increased average attendances and although the total attendances at the Norton Green Centre were less by over 200 than last year the attendances of infants under one year showed a substantial increase.

There was a slight increase in the average attendance at each of the ante-natal centres. The majority of the expectant mothers now obtain ante-natal supervision from the private practitioner booked to attend the confinement. All expectant mothers accepted at the Robson Maternity Home are required to attend the ante-natal clinic held at the Home by the Regional Hospital Board.

ARTIFICIAL SUNLIGHT CLINIC

Artificial sunlight clinics are held at the Child Welfare Centre, 131 Norton Road, twice weekly. During 1954, 99 sessions were held and 1040 attendances were made, an average of 10·5 per session.

HEALTH VISITORS

Five Health Visitors devote the major portion of their time to Maternity and Child Welfare work and one divides her time between tuberculosis home visiting, mental deficiency home visiting and maternity and child welfare.

During the year domiciliary visits were paid by these health visitors as follows:—

Maternity and Child Welfare	...	...	12852
Tuberculosis	...	...	1194
General Health	...	...	14
Mental Deficiency	...	...	409
School	...	...	8
<hr/>			
Total	...	...	14477
<hr/>			

In addition to the above 1,285 ineffective visits were made.

MIDWIVES

Ten midwives are employed by the County Council for work in the Borough. During the year 1954, 635 births were notified by these midwives, an average of 63·5 per midwife, compared with 62·5 and 63·7 the corresponding figures for 1953 and 1952.

IMMUNISATION AND VACCINATION

Every effort is made to induce mothers to take advantage of the facilities offered at child welfare centres for immunisation against diphtheria. In spite of these continued efforts, however, the number of infants immunised annually remains fairly constant at a figure which is less than 50% of the number at risk.

During the year 1954, immunisations were carried out at child welfare centres and by private medical practitioners as follows:—

At ages under 5 years	...	...	607
At ages 5 to 14 years	196
<hr/>			
Total	803
<hr/>			
No. of re-inforcing injections given	656
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424 vaccinations against small pox, mainly infants under one year of age, were carried out during the year and 91 persons were re-vaccinated.

DAY NURSERIES

The three day nurseries, providing accommodation for 152 children, were continued during the year. The average daily attendance increased from 78·6 to 85·0. The staffs of the two larger nurseries are being maintained below establishment. New appointments will be made as the number of children attending the nurseries renders this necessary.

The number of places provided and the average daily attendance at each nursery during the year, is given in the following table:—

NURSERY		No. of places	No. on register 31/12/54	Average daily attendances		Total
				Under 2 yrs.	2/5 yrs.	
Lorne Terrace	...	32	27	5·4	15·0	20·4
Norton Road	...	60	50	10·0	23·3	33·3
Durham Road	...	60	34	8·8	22·5	31·3
Totals ...		152	111	24·2	60·8	85·0

DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS

Arrangements are in operation by which expectant and nursing mothers and children under five years of age who require dental treatment are referred to the School Dental Officers for examination and treatment.

Four pre-school children were examined by School Dentists during the year under this arrangement. No expectant mothers were dealt with during the year. Cases requiring dentures are referred to private dentists.

HOME NURSING

This service which had been carried on, on an agency basis for the County Council by the Stockton and Thornaby District Nursing Association, was taken over by the County Council on 31st March, 1954. Prior to that date the service operated from a Headquarters in the Borough which was also used as residential accommodation for a number of the staff. The County Council decided to discontinue the use of this Headquarters and each nurse now operates from her own home, telephones having been provided.

Eleven full-time nurses were employed at the end of the year. During the year 1,039 new cases were visited and 31,132 attendances were made.

CARE AND AFTER CARE OF SICK PERSONS

The Durham County Council carries a stock of appliances

and nursing equipment for loan in appropriate cases. A supply of the smaller items of nursing equipment is available at the child welfare centre in Stockton.

During the year 1954 the following articles were issued on loan to Stockton patients :—

Commodes	3	Bedpans	8
Crutches	1 pr	Bedrests	6
Invalid chair (rim-driven)	2	Fracture boards	1 set
Invalid chair (push)	13	Hair Mattress	1
Invalid chair (jr. push)	2	Rubber sheeting	17 lengths
Air Cushions	11	Urine bottles	6
Bedstead	1	Dunlopillo mattress	1

AMBULANCE SERVICE

The area covered by the Stockton Depot includes, in addition to the Borough, the Urban District of Billingham, the Rural District of Stockton and when required part of the North Riding County Council. A new Depot, specially built for the purpose, was opened in April, 1954. At the end of the year nine ambulances were in operation manned by a staff of 26 driver-attendants.

The following is a summary of the work carried out during the year:—

Calls	...	...	...	...	...	...	...	19717
Patients carried :—								
Stretcher cases	...	...	...	...	...	...	...	5313
Sitting cases	...	...	...	...	...	...	...	19143
								<hr/>
								24456
Total Mileage	...	...	...	...	...	...	...	170598

544 journeys, involving 7,065 miles were made under an agreement with the North Riding County Council. There was an increase of 24% in the number of calls received during 1954 over the corresponding figure for 1953. Although the number of stretcher cases increased by 424, the number of sitting cases was reduced by 1,370. The mileage covered showed a reduction of 299 miles over the 1953 figure. The reduction in the number of cases carried and the number of miles covered is more than offset by the reduction in the work carried out for the North Riding County Council. That Authority has now provided an ambulance based at Thornaby which carries out much of the work in that area.

DOMESTIC HELP

There was no change during the year in the operation of this service. At the end of the year 42 part-time domestic helps were employed in the Borough in attendance on 147 cases.

LIST OF CLINICS AND TREATMENT CENTRES AVAILABLE IN THE BOROUGH

Child Welfare Centres

- | | | | | | | | |
|----|---|-----|-----|------------|-----|-----|-------------------------|
| 1. | 131 Norton Road | ... | ... | Wednesdays | ... | ... | 2— 4 p.m. |
| 2. | Woodlands, 106 Yarm Lane | | | Mondays | ... | ... | 2— 4 p.m. |
| | | | | Tuesdays | ... | ... | 10—12 p.m.
2— 4 p.m. |
| 3. | Baptist Sunday School,
St. Ann's Terrace | ... | ... | Tuesdays | ... | ... | 2— 4 p.m. |
| 4. | Schoolroom, The Green,
Norton | ... | ... | Thursdays | ... | ... | 10—12 p.m.
2— 4 p.m. |
| 5. | Methodist Sunday School,
Brown's Bridge,
Bishipton Road | ... | ... | Fridays | ... | ... | 2— 4 p.m. |
| 6. | Eastbourne Hall,
Appleton Road | ... | ... | Mondays | ... | ... | 2— 4 p.m. |

Ante-Natal Centres

- | | | | | | | | |
|----|-----------------------|-----|-----|-------------------|-----|-----|------------|
| 1. | 131 Norton Road | ... | ... | Thursdays | ... | ... | 2— 4 p.m. |
| 2. | Robson Maternity Home | ... | ... | Alternate Fridays | | | 10—12 a.m. |

Sunlight Clinic

- | | | | | |
|-----------------|-----|-----|-----|---|
| 131 Norton Road | ... | ... | ... | Two sessions weekly
(Treatment by appointment) |
|-----------------|-----|-----|-----|---|

Day Nurseries

- | | | | | |
|----|---------------|-----|-----|-------------------------------|
| 1. | Lorne Terrace | ... | ... | Accommodation for 32 children |
| 2. | Norton Road | ... | ... | Accommodation for 60 children |
| 3. | Durham Road | ... | ... | Accommodation for 60 children |

School Clinics

- | | | | | | | |
|--|-----|-----|-------------------------|-----|-----|-----------|
| General Clinic, Woodlands,
106 Yarm Lane | ... | ... | Tuesdays and
Fridays | ... | ... | 2— 4 p.m. |
| Specialist, Ear, Nose and Throat
Clinic, 78 Norton Road | ... | ... | By appointment | | | |
| Specialist, Eye Clinic,
78 Norton Road | ... | ... | By appointment | | | |
| Orthoptic Clinic, 78 Norton Road | | | By appointment | | | |

School Dental Clinics

1. Woodlands, 106 Yarm Lane Open daily
2. School Clinic,
78 Norton Road Open daily

Speech Therapy Classes

Nelson Terrace By appointment

Child Guidance Clinic

Nelson Terrace By appointment

Open Air School, Norton

Accommodation for 140 children

Venereal Diseases Clinic

Stockton & Thornaby Hospital	Males—Tuesdays	5 p.m.
	Fridays	9.30 a.m.
	Saturdays	9 a.m.
	Females—Tuesdays	2 p.m.
	Fridays	2 p.m.

Chest Clinic, Bowesfield Lane

By appointment

STOCKTON-ON-TEES COMMITTEE FOR EDUCATION

Report on the work of the School Health Service, 1954:—

Details associated with Education in the Borough—

Number of schools	29
-------------------	-----	-----	-----	-----	-----	-----	-----	-----	----

These include 20 Primary Schools, six Secondary Modern Schools, two Grammar Schools and one Special Open Air School for Delicate Children

Number of children for whom accommodation is provided ... 16,516

Number of children on roll at the end of the year	13,417
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MEDICAL INSPECTION

For the first time for several years there was a full medical staff for the whole year, and this is reflected in the amount of routine medical inspection carried out.

The number of children inspected in the prescribed age groups was 5,580. In addition, 179 children of various ages not within the prescribed groups were inspected.

Most children of the second age group were examined before leaving Primary School, but any who had missed this inspection were examined after entry to Secondary School.

Amongst the third age group examinations were 190 boys and girls attending the County's Technical School,

4,850 children, referred by parents, teachers, school nurses or enquiry officers were examined as “ Specials.”

1,019 re-inspections of children suffering from one or more defects were carried out during the year.

PUPILS FOUND TO REQUIRE TREATMENT

The number of individual pupils found at Periodic Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin) is given below:—

Group	For Defective		Total individual pupils
	Vision (excluding squint)	For any other conditions	
Entrants	87	178	260
Second Age Group	125	90	203
Third Age Group	160	58	211
Total (prescribed groups)	372	326	674
Additional Periodic Inspection	15	12	25
Grand Total	387	338	699

The following table shows the number of defects noted at periodic and special medical inspections as requiring treatment or as needing to be kept under observation:—

DEFECT OR DISEASE	Periodic Inspections		Special Inspections	
	NUMBER OF DEFECTS Requiring treatment	NUMBER OF DEFECTS Requiring to be kept under observation	NUMBER OF DEFECTS Requiring treatment	NUMBER OF DEFECTS Requiring to be kept under observation
Skin	28	4	32	—
Eyes—				
a. Vision	387	569	448	447
b. Squint	30	27	100	37
c. Other	12	2	32	11
Ears—				
a. Hearing	6	32	17	46
b. Otitis Media .	17	33	39	2
c. Other	7	2	16	—
Nose or Throat	86	87	76	34
Speech	18	12	24	1
Cervical Glands	10	176	2	27
Heart and Circulation .	2	34	4	83
Lungs	6	97	34	24
Developmental—				
a. Hernia	1	1	1	—
b. Other	5	4	3	1

DEFECT OR DISEASE	Periodic Inspections		Special Inspections	
	NUMBER OF DEFECTS	NUMBER OF DEFECTS	NUMBER OF DEFECTS	NUMBER OF DEFECTS
	Requiring treatment	Requiring to be kept under observation	Requiring treatment	Requiring to be kept under observation
Orthopaedic—				
a. Posture ...	6	4	3	1
b. Flat Foot ...	21	6	15	1
c. Other ...	11	17	7	11
Nervous System—				
a. Epilepsy ...	2	4	4	—
b. Other ...	3	6	4	1
Psychological—				
a. Development .	1	5	—	2
b. Stability ...	2	12	3	5
Other defect or disease	99	3	242	146

GENERAL CONDITION

The general condition of the pupils inspected was classified as shown in the following table:—

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		% of No.	% of col. 2	% of No.	% of col. 2	% of No.	% of col. 2
Entrants ...	2128	1589	74·67	484	22·74	55	2·58
Second Age Group ...	1850	1324	71·56	501	27·08	25	1·35
Third Age Group ...	1602	1155	72·09	402	25·09	45	2·80
Additional							
Periodic Inspns.	179	121	67·59	44	24·58	14	7·82
Total	5759	4189	72·73	1431	24·84	139	2·41

ARRANGEMENTS FOR TREATMENT

MINOR AILMENTS

Treatment of minor ailments is carried out by School Nurses at the Various School Clinics, as set out below, children normally attending the School Clinic in or nearest to their own school.

Address of Clinic	School Nurse in Attendance
106 Yarm Lane.	Mon., Wed., Fri. & Sat. mornings
78 Norton Road.	Tues. mornings & Thurs. afternoons
Frederick Nattrass School.	Monday & Friday mornings
Portrack Primary School.	Monday & Friday mornings
Newham Grange School.	Tuesday & Friday afternoons
Tilery Road School.	Tues. mornings & Thurs. afternoons
Ragworth Primary School	Tuesday & Thursday afternoons
Ragworth Open Air School.	Daily

The total number of attendances at the minor ailment clinics during the year was 18,449.

The following table shows the number of defects treated or under treatment during the year:—

Defect							Number of cases treated or under treatment during the year	
							By the Authority	Otherwise
Skin—Ringworm—								
(i)	Scalp	...	...	...	...	...	2	1
(ii)	Body	...	...	...	...	...	10	2
	Scabies	...	...	...	...	...	20	2
	Impetigo	...	...	...	...	...	150	11
	Other skin diseases	...	...	...	...	...	24	4
Eye Diseases— External and other, but excluding errors of refraction and squint							284	3
Ear Defects							106	8
Miscellaneous— e.g. minor injuries, bruises, sores, chilblains, etc.							6689	51
Total							7285	82

VISUAL DEFECTS & EXTERNAL EYE DISEASE

The Consultant Ophthalmic Surgeon attended the School Clinic, 78 Norton Road, twice weekly during 1954. 757 children attended for refraction examination and five for other defects of the eyes.

Spectacles were prescribed for 557 of the children examined, and of this number, 519 are known to have obtained spectacles.

Operative treatment for correction of squint was recommended in six cases.

One child was certified as blind and one partially sighted child, already awaiting admission to a special school, was re-examined and previous recommendation confirmed. Four partially sighted children are in Residential Special Schools.

ORTHOPTIC CLINIC

Orthoptic Clinic sessions were held twice weekly in 1954, at 78 Norton Road. Mrs. Martin, orthoptist, reports as follows:—

Number of new cases registered	...	...	...	...	...	...	...	48
Number of children who attended during the year	...	...	...	...	...	...	...	107
Number of attendances	...	...	...	...	...	...	...	481
Number of sessions	...	...	...	...	...	...	...	83

Discharges—

Number of cases discharged as satisfactory	14
Number of cases cosmetic cure only	3
Number of cases failed to improve	2
Number of cases left Stockton	2
Number of cases failed to attend	6
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Total discharged	27
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There is now no waiting list for the department and cases referred by Mr. Parker are seen as soon as glasses, if ordered, are obtained.

I find, however, that there is a fairly large number of patients whose parents take little or no interest in treatment—particularly in inconvenient forms of treatment, such as covering one eye—or are unwilling to attend regularly. Many of these patients do not persevere and only appear in the department again when sent for to see Mr. Parker or when glasses break or are lost.

NOSE & THROAT DEFECTS

EAR DISEASE & DEFECTIVE HEARING

Ear, nose and throat sessions were re-commenced in September, on the appointment of Mr. J. H. Appleton as Consultant Aural Surgeon. Four sessions were held at the School Clinic, 78 Norton Road, during which 43 children who had been referred because of ear diseases, defective hearing, enlarged tonsils and adenoids and/or other naso-pharyngeal defects were examined.

17 of these children were recommended for operative treatment and two, who were found to be partially deaf, were recommended for hearing aids.

One child was certified as deaf, and recommended for admission to a special school.

GRAMOPHONE AUDIOMETER.—One of the School Nurses visited every Junior Department during the year and carried out group audiometer tests. 1,143 children were tested, the majority of these being in the 9-year-old group. 185 were referred for re-test, but a second test showed all but 30 of these to be satisfactory.

Those not passing the second test were given appointments for examination by the School Medical Officer. Of the 27 examined, 9 had good hearing, two had some deafness

and were recommended to sit in the front of the class, 7 were recommended for treatment of discharging ears, or of wax, and nine were referred to Mr. Appleton. Of these two were prescribed hearing aids, three had otitis media, one had cerumen, one was referred for further examination and the remaining one required no treatment.

DEAF CHILDREN—SPECIAL SCHOOL.—Seven deaf and two partially deaf children attend Middlesbrough School for the Deaf, and one deaf child is at a Residential School for the Deaf.

One child is awaiting admission to a special school.

ORTHOPAEDIC & POSTURAL DEFECTS

Children needing treatment are referred, through their own doctor, to the Orthopaedic Department at one of the local hospitals. 22 children received treatment as in-patients of hospitals and five children were treated at Thornaby School Clinic where there is an out-patient department for children discharged from the Adela Shaw Orthopaedic Hospital, Kirby-moorside.

HOME TUITION.—At the end of the year, 9 physically handicapped children and one delicate child were receiving home tuition.

EPILEPSY.—One child suffering from epilepsy is in a Residential Special School.

EXTRACTS FROM THE ANNUAL REPORT OF THE CONSULTANT PSYCHIATRIST & THE EDUCATIONAL PSYCHOLOGIST

There has been no major change in the Child Guidance Service during the year. A Social Worker, Miss H. Audrey Young, M.A., was appointed in September, 1954. It is now possible to make many more home visits, and to keep in touch with all children who have attended the Clinic as patients since it was opened. It is hoped too that more Occupational Therapy will be attempted.

The National Foundation for Educational Research is making a reading survey of the children in the highest class of the Infant departments in various parts of England. In eight schools in Stockton, teachers were asked to state their methods of reading, and the reading books used. The Reading Ages of 454 children were taken individually, a Group Intelligence (Picture) Test was also given. In addition

right and left-handedness, and right and left eyedness were studied by means of throwing balls, screwing right and left handed bolts, and looking through paper cones, to discover the dominant hand and eye. Cross-laterals, i.e. left-handed/right-eyed, or right-handed/left-eyed children often have great difficulty in learning to read. This survey took the Psychologist the better part of three months, to the neglect of other work, but the Senior Educational Psychologist of Durham County gave assistance. The results of this Survey when published should be most interesting to all concerned with education.

If a person has not attained a Reading Age of seven years he is called illiterate.

A Group Reading Test for school-leavers was given in December of this year and 200 were tested.

The test was applied by teachers in the schools. The results were as follows:—

Total number tested—

Boys	Girls	Total
108	92	200

Reading Age below 9 years 6 months—

Boys	Girls	Total
10	7	17

Total of Illiteracy—

Boys	Girls	Total
5	6	11

Percentage of illiteracy among school-leavers 5.5%. The number of children leaving at 15 in selective schools was included in the percentage.

MENTALLY HANDICAPPED PUPILS (I.Q. 70—).—The Psychologist was required by the School Medical Officer to re-test 73 mentally handicapped pupils. It is advisable to give such children more than one test, as their attention span is limited and their motivation poor. Any child suspected of deafness for example must be seen several times. Children with poor speech are likewise difficult to assess as the poor speech may be due to lack of maturation of the speech organs, or to the fact that the child owing to low intelligence has few words at his disposal.

Psychologists are agreed that the average change, on a re-test is five I.Q. points.

TABLE I

Re-Tests—

I.Q.	(-30)		(30-39)		(40-49)		(50-59)		(60-69)		(70+)		TOTAL	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
	1	1	3	—	3	3	11	11	24	14	1	1	43	30
Complete Total ...													73	

Age Range—

Years	(3-7)		(8-11)		(12-14)		(15+)		Complete	Total	...	...	...	73
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls						
	8	2	12	13	19	11	4	4						

First Tests—

I.Q.	(-30)		(30-39)		(40-49)		(50-59)		(60-69)		(70+)		TOTAL	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
	1	1	2	1	3	2	10	10	24	14	3	2	43	30
Complete Total ...													73	

Age Range—

Years (3-7)		(8-11)		(12-14)		(15+)					
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
16	8	19	18	8	4	—	—			43	30
Complete Total										73	

OCCUPATION CENTRE. — It is gratifying to know that this Centre has opened at St. Michael's Church Hall, Norton. Though the environment is not ideal, the children are happy and well adjusted; working and playing to their capacity, and enjoying each other's company. Two very patient teachers assist in this work, and another will shortly be appointed.

THE DULL AND BACKWARD (I.Q. 70-85). — This numerous section of the school population is accommodated in backward classes where possible. These classes are excellent. Unfortunately many backward children are still in ordinary classes where they cannot possibly have the necessary individual attention however willing and able the teacher. Until special classes under suitably qualified teachers are inaugurated the problem of backwardness remains. Professor Burt says, "Never let the backward child lose heart, for if he has lost heart he has lost everything."

Remedial teaching has again taken up much time. Boys again outnumbered girls and poor reading attainment is the main cause of retardation. Some interesting cases attended the Clinic of which the following are examples:—

One boy had seen a relative killed and the traumatic experience was such that his learning ability was inhibited for two years. He has high average intelligence and is slowly gaining a measure of stability and a desire to learn.

Another had poliomyelitis and is emotionally immature

and lacking in confidence, while another has a weak heart, and it is essential that he gain a mastery of reading for his mental health and adjustment.

One child has bronchitis which necessitates frequent absence from school. Arithmetic has become a great trial to her.

Two children have over-ambitious mothers who have formed negativistic attitudes in the children.

Several older boys have been helped to attain greater fluency before leaving school. A girl of 17 came and asked us to help her to read better. Another arrived from abroad, and fortunately she has high intelligence and with application has made good progress.

Grammar school children attend the Clinic on Saturday mornings and are given psychotherapy, or help with their lessons, provided a member of the Clinic staff is able to teach the necessary subject.

A play-group for disturbed children is held once each week. Here we try to render remedial treatment at the earliest and most profitable period. Toys are chosen for their educational and therapeutic value. Some teach the children manipulation and control of finer movements, and give training in accuracy and precision, and at the same time afford a means of outlet for the child's superabundant energy. The timid gain confidence, and those who are domineering and forceful find full scope for their organising ability. The nervous learn to relax and the aggressive to release their energy. There is much painting which is usually a happy means of self expression and reveals something of the child's conflicts. According as their inhibitions are resolved their paintings and colour choice become bolder. The children are not directed in any way but given free scope to play as they desire, and unless there is likely to be damage to life or limb, they are unrestricted.

The Rhythmic Movement class is an important medium for the expression of phantasy. The child's nervous system is responsive to sound and rhythm at a very early age, and normal, healthy development requires it. The children move freely about the room and exercises include those of free response, control and imaginative exercises. Rhythmic movement seems to have especially beneficial effect on the depressive child.

PSYCHIATRIST'S REPORT

During the past year the Psychiatrist saw 62 children and parents of whom 25 were for consultation only, and a small number could be taken on for prolonged therapy.

Co-operation with Medical Practitioners and Specialists has been increased and there has been a gratifying exchange of views and consultations between Consultant Paediatricians of The Children's Hospital and also a certain number of cases have been referred from hospitals outside the area. Co-operation with the Probation Officers and schools has also been well maintained.

We are very grateful for the continued support and consideration shown by the School Medical Officer's department.

It has to be stressed again as last year that the Psychiatrist's services barely scratch the surface as he can only give one session of his time to this work, and that a far greater amount of time would be necessary to provide an adequate psychiatric service to this area.

A summary of the work carried out during the year is given below:—

Number of new children interviewed 1954	...	...	...	...	...	48
Number of cases brought forward from 1953	...	...	...	...	...	14
Complete Total						62

Number of children who have received psychotherapeutic treatment—

Fears and morbid phantasies	1	
Enuresis	12	
Nail-biting	2	
Adolescent Neurosis	3	
Petty Thieving	6	
Aggressive Behaviour	1	
Temper-tantrums	2	
Cyclical Vomiting	1	
Psychosomatic Headaches	4	
Constitutional Instability	1	
Psychopathic Personality	1	
Faecal Incontinence	1	
Petit Mal	1	No. of children discontinued 20
Masturbation	1	No. to continue treatment 17
Total		37
Total		37
No. for consultation only	25	
Complete Total		62

Sources of Referral

Medical Officer of Health	73
Assistant Medical Officers of Health	22
Medical Practitioners	23
Schools	164
Parents	20
Probation Officers	2
Children's Officer	2
Total	306

Psychological Record

(1) Educational Retardation

General Backwardness	71
Backwardness in Reading	22
Backwardness in Arithmetic	9
Backwardness in Spelling	22
Writing	1

(2) Personality Maladjustment

General Instability	10
Anxiety or Obsessional States	5
Night Terrors, Nightmares, Sleep-walking	—
Emotional retardation and regression	5
Psychopathic personality	1

(3) Habit Disorders

Enuresis and soiling	13
Speech defect	2
Nervous tics	—

(4) Anti-Social Tendencies

Unmanageable Behaviour	3
Aggression, Temper-tantrums	2
Sadistic Tendencies	—
Truancy and Wandering	2
Theft	8
Lying	9
Malicious Mischief	1
Sexual Offences	2

(5) Social Difficulties

Strong Physical Factors	8
Strong Home Factors	12
Hereditary Factors	2
Non-Co-operations	2

(6) Special Interviews

I.Q. and Advice	104
Vocational Guidance	2
Special Reports	8

Range in Intelligence

Intelligence Quotient		Boys	Girls	Total
130+	Very Superior Intelligence ...	4	4	8
116-129	Superior Intelligence ...	9	13	22
86-115	Average Intelligence ...	66	46	112
70-85	Dull and Backward ...	31	22	53
69 and under	Mentally Handicapped ...	67	44	111
Total ...		177	129	306

Age Range

Years	(3-7)	(8-11)	(12-14)	(15+)	Total
	Boys Girls	Boys Girls	Boys Girls	Boys Girls	Boys Girls
	37 25	84 61	50 38	4 7	175 131
	62	145	88	11	306
			Still to be tested ...	...	232

Reports

Schools ...	...	...	...	...	...	...	...	...	...	200
Medical Officer of Health ...	...	...	...	...	...	...	...	...	...	114
Assistant Medical Officers of Health ...	...	...	...	...	...	...	...	...	...	22
Medical Practitioners ...	...	...	...	...	...	...	...	...	...	20
Probation Officers ...	...	...	...	...	...	...	...	...	...	2

Interviews

Parents ...	...	...	...	...	...	...	...	...	...	251
Probation Officers ...	...	...	...	...	...	...	...	...	...	4
Visitors to Clinic ...	...	...	...	...	...	...	...	...	...	139

Visits to

Schools ...	...	...	...	...	...	...	...	...	...	219
Homes ...	...	...	...	...	...	...	...	...	...	118

Examinations

Educational Tests (individual) ...	...	...	...	...	...	...	...	...	...	454
Intelligence Tests (individual) ...	...	...	...	...	...	...	...	...	...	306
Educational Tests (group) ...	...	...	...	...	...	...	...	...	...	200

Treatment

Psychological Treatment ...	...	...	...	...	...	...	...	...	...	32
Psychotherapeutic Treatment ...	...	...	...	...	...	...	...	...	...	37

Educational Treatment

Reading ...	...	...	...	22	Returned ...	...	...	...	...	14
Arithmetic ...	...	...	...	9	Returned ...	...	...	...	...	5
Writing ...	...	...	...	1	Returned ...	...	...	...	...	1

COMPLETION OF STATUTORY FORMS.—Statutory forms were completed by the School Medical Officer for some

of the children tested by the Educational Psychologist. The findings and/or recommendations were as set out below:—

Incapable of receiving education at school	16
Incapable of receiving education at school (inexpedient)	2
Educationally subnormal—requiring special school	11
Educationally subnormal—requiring supervision after leaving school	5
Educationally subnormal—requiring special class in ordinary school	1
Decision deferred—re-testing recommended	15
No recommendation made—leaving school and not requiring Supervision ...	4

EXTRACTS FROM THE ANNUAL REPORT OF THE SPEECH THERAPIST

	Stammer	Defective Articulation	Hard of Hearing
Total number on register 1/1/54 ...	112	282	3
Discharges	39	172	3
	73	110	—
Admittances	39	143	6
	112	253	6
Number on register 31/12/54			
Attendance during the year has been	92%	89%	95%

Above is a statistical statement of the children in attendance at the speech clinic from January to December, 1954. An analysis of the numbers shows that of the 39 cases of stammer that have been discharged 25 have left having attained normal speech. The remaining 14 were discharged as follows; six left school, the speech of three of this group was thought to be so nearly normal that no further treatment was felt to be necessary, the other three have been admitted to Evening Classes, three boys over 16 years of age who are still in attendance at Secondary Schools (two of them are out of area cases), have been admitted to Evening Class; two County cases were withdrawn by consent of the School Medical Officer; three children have left the area.

Of the 172 cases of defective articulation discharged, 155 have attained normal speech. Of the remaining 17, eight are from an Infants' Department and have been transferred to a teacher in the Junior Department of the same school. This teacher takes over from the speech clinic cases of minor defects of articulation, and works in conjunction with the speech clinic until these disorders are cleared; three children left the area; one out-of-area case was discharged, having attained speech that was considered to

be normal within physical ability; one child has had to go to hospital for an indefinite period; one County case was discharged for non-attendance by consent of the School Medical Officer; two out-of-area cases because of transport difficulties; one pre-school child was transferred by the parent to a private speech therapist.

Of the three hard-of-hearing cases entered as discharged, one was transferred to the School for the Deaf; one was lipreading sufficiently well to enable her to cope normally with lessons in school; one was recommended for the School for the Deaf and discharged from this clinic, but has been re-admitted since after being provided with a hearing aid.

It is only fairly recently that it has been possible to offer after school treatment to those young people who leave school still stammering, in spite of the fact that continuous treatment has been carried on during their school life.

Because this after school treatment is now available, an investigation has been made into the 39 known cases that come into this group. Some of them are now young married people with children of their own. The result of the investigation has proved to be remarkable and raises a very controversial point:—

Seven of these young people who had passed what is loosely known as the "Scholarship" examination and thereby benefitted by being educated at a Secondary Grammar, are still stammering, six very badly.

Four of the seven, on leaving school, entered into professional life, but the remaining three went into industry, the first as an artisan, the second as piece worker in a factory, while the third has held various jobs, none very satisfactorily.

In the case of each of the seven, the environment and social relationships were as good as could be found in any cross-section of young people.

The exception in the group of seven is a girl whose speech is all but normal. In this case it was obvious that when she was with very young children in the speech clinic and in school, she spoke quite normally. On the strength of this, she decided to work for a period in the Sunshine Homes for Blind Babies where she stayed for more than three years, by which time she was able to control her

speech. She then entered a Teachers' Training College where her speech problem re-appeared. However, by this time she had the situation better in hand, and managed to pull through her college career successfully, although at one time this was in doubt. Her stammer, although not quite better, is now scarcely perceptible.

The remaining 32 young people from this group of 39 left school at the ordinary Elementary School level. Of these, we have been unable to trace four, leaving a total of 28, of whom only four are still stammering. Of these four, two were considered by their teachers to be capable of following a Secondary School course, while one, whose school record was marred by continual absence, was afterwards employed by his father who is a severe stammerer. As regards the fourth boy who is the youngest of the group, we found him to be making slow but steady progress towards recovery. This boy's stammer was most severe during the whole of his school life, and as well as speech therapy, he had two years' psychiatric treatment, and much more than ordinary sympathetic understanding at school. In spite of all this, there was no improvement worthy of note until he left school, when his stammering began to clear up spontaneously.

Of the remaining 24, the speech of 14 has made a complete spontaneous adjustment after they began work, while 10 now have only an occasional speech hesitation. In most instances, the adjustment took approximately a year, with a minimum of two months and a maximum of three years.

In every case the 32 are working in jobs which do not require a great degree of intellectual ability, e.g. labourers, factory workers, artisans, salesmen, these last three in an inferior capacity.

The number of young people concerned with this last enquiry is, of course, small, but if the results are representative of what is happening elsewhere, they help to clarify various vague ideas that for some years have been held about stammer.

The College of Speech Therapists was founded in 1945 and its first qualifying examinations were not held until 1947. Previous to this latter date, such treatment as was given for stammering was bestowed mainly on people of more mature age and little or no attention was

given to very young children. Thus it is only since 1947 that it has been possible in England to collect any evidence to prove or disprove the above idea. Speech Therapists generally seem now to be agreed that stammering is to be found in children of every degree of intelligence. This much is certain, much more evidence is needed from all areas to confirm the idea that children of lesser intelligence grow out of stammering on leaving school, although many schoolmasters confirm this finding out of their own experiences and our little experiment with pupils of Secondary School calibre does go to show that the idea has at least some foundation of truth.

Every speech therapist is familiar with the parent who has been advised by her general practitioner that her child will grow out of his stammer, or again is acquainted with the parent who makes the definite statement, I stammered until I was 14 and then I grew out of it."

Our investigation indicates that after school years the stammerer of average or low intelligence, whose speech has not cleared during school life, is likely to grow out of his stammer on leaving school, whilst the more intellectual stammerer, likely to follow one of the professions, cannot hope for this early release from his speech problems, unless they are tackled with sympathetic understanding, in infancy.

DENTAL INSPECTION AND TREATMENT

The Dental Clinics were under-staffed from January to May, 1954, there being only one Dental Officer for the two clinics. On the 31st May a part-time Dental Officer, Mrs. E. M. F. Rideal, was appointed. Mrs. Rideal was at first employed four sessions per week, but since September has given five sessions each week.

The Table shown below gives details of dental inspection and treatment during 1954.

Number of pupils inspected—	(a) Periodic age groups	...	...	...	9148
	(b) Specials	...	...	...	521
Total					9669
Number found to require treatment					5869
Number offered treatment					5869
Number actually treated					3138
Attendances made by pupils for treatment					3259

Half days devoted to Periodic Inspection	94
Half days devoted to Treatment	408
Total	502
Fillings: Permanent Teeth	1532
Temporary Teeth	87
Total	1619
Number of teeth filled: Permanent Teeth	1511
Temporary Teeth	87
Total	1598
Extractions: Permanent Teeth	830
Temporary Teeth	2911
Total	3741
Administration of general anaesthetic for extraction	1032
Other Operations: Permanent Teeth	536
Temporary Teeth	120
Total	665

CLEANLINESS INSPECTIONS

The School Nurses carry out head inspections in the schools once per term, with a follow-up visit about a fortnight later to see the children who were found to be unclean. When time allows, an extra inspection is carried out later in the term in schools where the greatest incidence of infestation occurs.

Parents are notified when children are found to be unclean, the more serious cases being excluded from school and directed to attend the School Clinic for further inspection, until perfectly clean.

In cases where there is illness at home, or where the parents, though well-intentioned, are not very competent, the School Nurses, with the consent of the parents, arrange for the children to attend one of the School Clinics periodically for inspection and advice. This arrangement has proved beneficial in keeping down the degree of infestation.

The number of inspections carried out during the year totalled 52,737, the number of individual children found to be unclean being 910.

DAY OPEN AIR SCHOOL FOR DELICATE CHILDREN

The school has accommodation for 140 children, and at the end of the year there were 139 children in attendance.

Regular fortnightly visits to the school continued to be made by one of the School Medical Officers, also periodical re-examinations at the School Clinic of children discharged during the previous 12 months or so. Children found on re-examination at the School Clinic to be in need of a further period at the Open Air School are re-admitted. Ten children were re-admitted during the year.

The types of case most usually admitted are debility, malnutrition, anaemia, bronchitis, asthma, rheumatism, chorea, suitable heart cases, cases of non-infective tuberculosis and convalescence after illnesses and operations.

During 1954, 72 children were admitted to the school, the various ailments for which they were admitted being as set out below:—

Convalescence	...	...	...	...	...	...	...	21
Malnutrition	...	...	...	...	...	...	...	20
Bronchitis	...	...	...	...	...	...	...	11
General debility	...	...	...	...	...	...	...	6
Asthma	...	...	...	...	...	...	...	5
Non-infective tuberculosis	...	...	...	...	...	...	...	3
Nervousness	...	...	...	...	...	...	...	2
Heart cases	...	...	...	...	...	...	...	2
Rheumatism	...	...	...	...	...	...	...	2
								<hr/>
Total	...	...	...	...	...	...	...	72
								<hr/>

IMMUNISATION AGAINST DIPHTHERIA

Arrangements for immunisation of children entering Infant Departments were continued in 1954.

165 were immunised and 495 were given booster doses.

Towards the end of the year the scheme was extended to children of approximately 10 years of age.

19 of these older children were immunised and 160 were given booster doses.

HENRY J. PETERS,

Borough School Medical Officer.